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Moore Funeral Home Records
Cromwell,
Noble County, Indiana

1949-1956

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RECORD OF FUNERAL

No. 134

BURIAL PERMIT NO.
DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Olive (Middle) (none) (Last) Hart

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wolf Lake

LENGTH OF STAY (in this place) 2 wks

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital

DATE OF DEATH (Month) Dec. (Day) 16 (Year) 1956 (Hour) 5:15 P

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife —

Age of husband or wife if alive years

DATE OF BIRTH Nov. 5 1869

AGE (In years last birthday) 87

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME ~~unknown~~ John P. Mock

MOTHER'S MAIDEN NAME ~~unknown~~ Hetty Mc Brett

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Melvin E. Swaits

Address Kimmell, Ind. RR 1

Relationship to the deceased Grandson

PLACE OF BURIAL Cremation or Removal Cemetery Burial

DATE 12-19 1956

Location Kimmell

County Noble State Indiana

CAUSE OF DEATH Vascular Collapse anoxia

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Walter Hurt

Address Wolf Lake, Ind. Phone No.

SURVIVED BY Phone No.

1 daughter - Mrs Lora Swaits

3 grandchildren

4 great grandchildren

RELIGION Protestant

CLERGYMAN Rev. Peter Quiring

Address Cromwell, Ind. Phone No.

FUNERAL DATE Dec. 19, 1956

TIME 1:00 PM

PLACE Broadway Christian Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Alvin Wilkinson, Ivan Prentice

Glen Dearduff, Jr. Iden

Harold Poskhasky, Earl Galloway

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
Copyrighted F. F. D. of A.
D. F. 14

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $

Outside Receptacle ________ (Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total

Amount Paid - Cash - ________

Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		86
*Outer Case-Cost $____	Selling Price ____	
*Embalming - " $____	" " ____	
*Clothing - - " $____	" " ____	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		

Total Net Cost of Funeral ☞ ________

Gross Profit on Funeral ________

**Less Operation Cost per Funeral ________

Net Profit or Loss Apparent ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation . . .	
Funeral Facilities and Equipment . .	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
. . . .	
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
. . . .	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls . . .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	

Total Amount ________

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	451 00/100
Outside Receptacle	110 00/100
Clothing	17 95/
Foot Wear	
. . . .	
Total (A)	578.95 ~~511 00~~

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

19

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 134

16 December 1956

Full name of deceased Olive Hart Age 87

Deceased is Grandmother (Give relationship) of person arranging services.

(A) Services, including merchandise . . .	$ ~~511 00~~ 578 95
(B) Accommodation Items	$
Total (A & B)	$
* (C) Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ ~~511 00~~ 578 95

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Melvin E Twaits
Signature of Purchaser

RR 1
Address

Kimmell Ind.
City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full________________195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12-22-56	578 95	578 95	—
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 133

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Benjamin (Middle) F. (Last) Archer
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell, Ind.
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE
COUNTY
PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wawaka
LENGTH OF STAY (in this place) 4 mos
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) December (Day) 10 (Year) 1956 (Hour) 6:00 AM
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Anna
Age of husband or wife if alive years
DATE OF BIRTH Oct. 30 1956
AGE (In years last birthday) 81
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
KIND OF BUSINESS OR INDUSTRY farm owner
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U. S. A
FATHER'S NAME Levi Archer
MOTHER'S MAIDEN NAME Emma Jane Crago
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO.
BRANCH OF SERVICE (Army, Navy or Marine)
(Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Joan Doll
Address Cromwell, Ind.
Relationship to the deceased daughter
PLACE OF BURIAL Cremation or Removal
DATE 12-12 1956
Cemetery Sparta
Location Kimmell
County Noble
State Ind.

CAUSE OF DEATH Hypostatic Pneumonia
AUTOPSY YES ☐ NO ☒
PHYSICIAN Dr. P. L. Webster
Address Ligonier, Ind. Phone No.
SURVIVED BY Phone No.
wife, Anna Bell, 1 son - Dallas, Wawaka
1 daughter - Mrs. Joan Doll of Cromwell.
3 sisters Mrs. Etta Schlotterback, Ligonier.
Mrs. Grace McCammon, Elkhart, Ind.
Mrs Verna McCammon, Milford, Ind.
6 grandchildren - 4 great grandchildren

RELIGION Protestant
CLERGYMAN Rev. Robert Wright + Claude Lawson
Address Phone No.
FUNERAL DATE December 12, 1956
TIME 1:30 PM
PLACE Latimore Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS Raymond Hobbs, Earl Kring
Ned McCammon, Wayne Archer
Adrain Archer, Wilbert McCammon

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY Latimore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ______ $

Outside Receptacle ______ (Kind)

B. Cash Advanced for Accommodation Items ______

C. Additional items ordered later ______ ______

Total

Amount Paid - Cash - ______

Balance

Terms: ______

Selling Price of This Funeral Service ______	☞	

REVENUE ITEMS AND THEIR COST

Cost of Casket ______	342.50	
*Outer Case-Cost $60.00 Selling Price ______	______	
*Embalming - " $______ " " ______	______	
*Clothing - - " $______ " " ______	______	
Livery ______	______	
______	______	
______	______	
Total		
Total Cash Advances ______	______	
Discount (if not figured in operation cost) ______	______	
Total Net Cost of Funeral	☞	______
Gross Profit on Funeral ______		______
**Less Operation Cost per Funeral ______		______
Net Profit or Loss Apparent ______		______

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	______	
Preparation and Preservation . .	______	
Funeral Facilities and Equipment . .	______	
Visitors Register	______	
Acknowledgment Cards	______	
Funeral Car or Sedan	______	
Casket Coach	______	
Casket	______	
. . . .	______	
Outside Receptacle	______	
Clothing	______	
Foot Wear	______	
. . . .	______	
. . . .	______	
Total (A)		______

(B) ACCOMMODATION ITEMS

Tax	______	
Cemetery Charges	______	
Additional Autos	______	
Telegrams	______	
Long Distance Telephone Calls . . .	______	
R. R. Transportation	______	
Flowers	______	
Clergyman	______	
Special Music	______	
Obituary Notices	______	
. . . .	______	
. . . .	______	
Total (B)		______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	______	
. . . .	______	
. . . .	______	
. . . .	______	
. . . .	______	
Total (C)		______
- Total Amount		______

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	922 00
Outside Receptacle	110 00
Clothing	
Foot Wear	
. . . .	
Total (A)	1032 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	20 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

18

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 133

10 December 1956

Full name of deceased Ben F. Archer Age 81

Deceased is father (Give relationship) of person arranging services.

(A) Services, including merchandise . . .	$1032 00
(B) Accommodation Items	$ 20 00
Total (A & B)	$1052 00
* (C) Additional items ordered later . . .	$
Total Amount	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $18 41 discount if paid in full on or before 26 Dec. 1956

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

1052.00
18.44
1033.56

Original Sales Approval Form Mailed to Federated F. D. of A.____________ 195____ Amt. $________

Payment Received in Full____________ 195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12-19-56	1052 00	1033 56	18 44 Due

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

J. R. NASH, M. D.
Noble County Health Commissioner
ALBION, INDIANA

DEATH CERTIFICATES

OFFICE OF

COUNTY HEALTH COMMISSIONER

ALBION, IND., DECEMBER 11, 1956

Certified Copy of Certificate of Death

Place of Death Noble County CROMWELL

Full Name of Decedent GEORGE M. ALBERT

Sex MA Color WHITE Single or Married WIDOWED

Local No. 130 Vol. No. 10 Page No. 51 Age 84

Social Security No. NONE

MEDICAL CERTIFICATE OF DEATH

Date of Death DECEMBER 5, 1956

The cause of the death was as follows: ACC. FRACTURED SKULL; COMP. FRACTURE OF LOWER RT. LEG; BRUISES

DR. JOHN D. HALL Physician or Coroner

Place of Burial SPARTA; KIMMELL, IND.

Date of Burial DECEMBER 8, 1956

Funeral Director LLOYD H. MOORE License No. 4180

I hereby certify that the within is a true copy of the Mortality Records in our office of the death of GEORGE M. ALBERT

J. R. Nash M. D.

Noble Co. Health Comm.

OFFICE OF

COUNTY HEALTH COMMISSIONER

ALBION, IND., DECEMBER 11 1956

Certified Copy of Certificate of Death

Place of Death Noble County CROMWELL

Full Name of Decedent GEORGE M. ALBERT

Sex MA Color WHITE Single or Married WIDOWED

Local No. 130 Vol. No. 10 Page No. 51 Age 84

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MEDICAL CERTIFICATE OF DEATH

Date of Death DECEMBER 5, 1956

The cause of the death was as follows: ACC. FRACTURED SKULL; COMPOUND FRAC. OF LOWER RT. LEG; BRUISES

DR. JOHN D. HALL Physician or Coroner

Place of Burial SPARTA; KIMMELL, IND.

Date of Burial DECEMBER 8, 1956

Funeral Director LLOYD H. MOORE License No. 4180

I hereby certify that the within is a true copy of the Mortality Records in our office of the death of GEORGE M. ALBERT

J. R. Nash M. D.
Noble Co. Health Comm.

RECORD OF FUNERAL

No. 132

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) George (Middle) M. (Last) Albert

STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

LENGTH OF STAY (in this place) 12 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) Dec (Day) 5 (Year) 1956 (Hour) 6:25 P.

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH 3-17-1872

AGE (In years last birthday) 84

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Pennsylvania

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME John Albert

MOTHER'S MAIDEN NAME Kezia McAndless

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) no

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs Edith Sullivan

Address 104 S. Armenia St. Tampa Fla

Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE Dec 8 1956

Location Kimmell

County Noble State Ind.

CAUSE OF DEATH Acc. Fractured Skull

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. John D. Hall, coroner

Address K'ville, Ind. Phone No.

SURVIVED BY Phone No.

1 daughter Mrs. Edith Sullivan, Tamp, Fla.

1 grandson George Shaner, Wilmington, N.C.

1 great grandson

RELIGION Protestant, Methodist

CLERGYMAN Rev. Robert Wright

Address Phone No.

FUNERAL DATE Dec. 8, 1956

TIME 1:30 P.M.

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

Cromwell Lodge 705 F+AM, Scottish Rite

SINGERS

(Masons)

BEARERS Richard Shearer, L. E. Heintzelman

L. A. Colbeck, C. W. Griffith

G B Larrison, Lester Robinson

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $
Outside Receptacle ________
(Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total
Amount Paid - Cash - ________
Balance

Terms: ________

Selling Price of This Funeral Service	☞	

REVENUE ITEMS AND THEIR COST

Cost of Casket	169.50	
*Outer Case-Cost $60^{00} Selling Price		
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ________
Preparation and Preservation . . . ________
Funeral Facilities and Equipment . . ________
Visitors Register . . . . ________
Acknowledgment Cards . . . . . ________
Funeral Car or Sedan . . . . . . ________
Casket Coach . . . . ________
Casket . . . . ________
. . . . ________

Outside Receptacle . . . . ________

Clothing . . . . ________
Foot Wear . . . . ________
. . . . ________
. . . . ________

Total (A) ________

(B) ACCOMMODATION ITEMS

Tax . . . . ________
Cemetery Charges . . . . ________
Additional Autos . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls . . ________
R. R. Transportation . . . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . ________
Obituary Notices . . . . ________
. . . . ________
. . . . ________

Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (C) ________

Total Amount ________

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	721 00
Outside Receptacle	110 00
Clothing	
Foot Wear	
Total (A)	831 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 00
Additional Autos	
Telegrams	5.50 + 1.40
Long Distance Telephone Calls	~~4.65~~
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	~~20 00~~ 25.50

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

17

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 132

6 Dec 1956

Full name of deceased George M. Albert Age 84

Deceased is father (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 831 00
(B) Accommodation Items	$ ~~20 00~~ 25.65
Total (A & B)	$ ~~855.65~~
* (C) Additional items ordered later	$ 856.50
Total Amount	$ ~~851 00~~ ~~855.65~~ 856.50

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full________________195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5-7-57	856 50	856 50	
	Int due 12 84		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 131

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Jerry (Middle) Dean (Last) Murphy

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Churubusco

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Whitley PHONE

PLACE OF DEATH COUNTY Marion STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Indianapolis

LENGTH OF STAY (in this place) 8 weeks

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Riley Hospital

DATE OF DEATH (Month) November (Day) 23 (Year) 1956 (Hour) 1:00 P.

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH July 8, 1956

AGE (In years last birthday)

If Under 1 Year Months 4 Days 11

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Roy Murphy

MOTHER'S MAIDEN NAME Jacqualine Lou Peck

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mr. Roy Murphy

Address Churubusco, Ind. P.O. Box 591

Relationship to the deceased father

PLACE OF BURIAL

Cremation or Removal

Cemetery Sparta

DATE 11-25 1956

Location Kimmell

County Noble State Ind.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☐

PHYSICIAN

Address Phone No.

SURVIVED BY Phone No.

Parents + 1 Bro Danny
Paternal grandparents Mr + Mrs.
Cletis Murphy, Kimmell.
maternal grandmother, Mrs. Evelyn Peck, Lig.
" great " Mrs. L. L. Koon, Ligonier

RELIGION Protestant

CLERGYMAN Rev. William E. Hughes

Address Ligonier Phone No.

FUNERAL DATE Sunday Nov. 25, 1956

TIME 2:00 P.m.

PLACE L H Moore

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $
Outside Receptacle ________
(Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total
Amount Paid - Cash - ________
Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ________
*Outer Case-Cost $______ Selling Price ________
*Embalming - " $______ " " ________
*Clothing - - " $______ " " ________
Livery ________

Total

Total Cash Advances ________
Discount (if not figured in operation cost) ________

Total Net Cost of Funeral ☞ ________
Gross Profit on Funeral ________
**Less Operation Cost per Funeral ________
Net Profit or Loss Apparent ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ________
Preparation and Preservation . . . ________
Funeral Facilities and Equipment . . ________
Visitors Register . . . . ________
Acknowledgment Cards . . . . . ________
Funeral Car or Sedan . . . . . . ________
Casket Coach . . . . ________
Casket . . . . ________
. . . . ________

Outside Receptacle . . . . ________

Clothing . . . . ________
Foot Wear . . . . ________
. . . . ________
. . . . ________

Total (A) ________

(B) ACCOMMODATION ITEMS

Tax . . . . ________
Cemetery Charges . . . . ________
Additional Autos . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls . . ________
R. R. Transportation . . . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . ________
Obituary Notices . . . . ________
. . . . ________
. . . . ________

Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (C) ________

Total Amount ________

763

TRIPLICATE Form D ½ 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	65 00
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	65 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Drive to Indianapolis	30 00
Total (B)	30 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	95 00

FEDERATED FUNERAL DIRECTORS OF AMERICA

12

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 131

24 November 1956

Full name of deceased Jerry Evan Murphy Age 4 hrs.

Deceased is son of person arranging services. (Give relationship)

(A)	Services, including merchandise	$65 00/100
(B)	Accommodation Items	$30 00/100
	Total (A & B)	$95 00/100
* (C)	Additional items ordered later	$
	Total Amount	$95 00/100

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Net.

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full________________195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11-26-56	95 00	50 00	45 00
8-19-57	45 00	45 00	—

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 130

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Charles (Middle) Clay (Last) Hunt
STREET ADDRESS (If rural, give location) 2 mi. E. of Corunna, Ind.
PLACE OF DEATH COUNTY DeKalb STATE Ind
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
LENGTH OF STAY (in this place) 5 wks
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) November (Day) 3 (Year) 1956 (Hour) 11:30 P.M.
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife
Age of husband or wife if alive years
DATE OF BIRTH 6-10-1872
AGE (In years last birthday) 84
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Kentucky
CITIZEN OF WHAT COUNTRY? U. S. A.
FATHER'S NAME Doc Hunt
MOTHER'S MAIDEN NAME unknown
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. none
BRANCH OF SERVICE (Army, Navy or Marine)
(Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mr. Joe Mynhier
Address Kimmell, Ind.
Relationship to the deceased son-in-law.
PLACE OF BURIAL
Cremation or Removal
Cemetery Buck Creek
DATE ~~6-6~~ 11-6 1956
Location ~~Salt~~
County Menifee
State Kentucky
CEMETERY LOT NO.
Owner of Lot
Section
Grave No.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Kentucky COUNTY Bath PHONE
CAUSE OF DEATH Acute Cardiac Failure
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. Harold Kruger
Address Auburn, Ind. Phone No.
SURVIVED BY Phone No.
3 sons - Gilbert, Loveland, Ohio.
Fred, Ashland, Ky.
Emery, Mt. Sterling, Ky.
2 daughters - Stella Mynhier, RR 2 Waterloo
Eva Mynhier, Kimmell, Ind.
1 Brother - S. R. Hunt, Salt Lick, Ky.
1/2 Brother - Lindsey Hunt - Scranton, Ky.
22 grand children -

RELIGION Protestant
CLERGYMAN
Address Phone No.
FUNERAL DATE Nov. 6, 1956
TIME 11:00 A.M.
PLACE Buck Creek Church
FRATERNAL AFFILIATIONS
SINGERS
BEARERS

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise $
Outside Receptacle
(Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total
Amount Paid - Cash -
Balance

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket			59.50
*Outer Case-Cost $	Selling Price		
*Embalming - " $	" "		
*Clothing - - " $	" "		
Livery			
Total			
Total Cash Advances			
Discount (if not figured in operation cost)			

Total Net Cost of Funeral ☞
Gross Profit on Funeral
**Less Operation Cost per Funeral
Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . .
Preparation and Preservation . . . .
Funeral Facilities and Equipment . .
Visitors Register . . . .
Acknowledgment Cards . . . . .
Funeral Car or Sedan . . . . . .
Casket Coach . . . .
Casket . . . .
. . . .

Outside Receptacle . . . .

Clothing . . . .
Foot Wear . . . .
. . . .
. . . .

Total (A)

(B) ACCOMMODATION ITEMS

Tax . . . .
Cemetery Charges . . . .
Additional Autos . . . .
Telegrams . . . .
Long Distance Telephone Calls . .
R. R. Transportation . . . . .
Flowers . . . .
Clergyman . . . .
Special Music . . . .
Obituary Notices . . . .
. . . .
. . . .

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .
. . . .
. . . .
. . . .
. . . .

Total (C)

Total Amount

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(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service	343 00/100
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
Total (A)	343 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Drive to Kentucky	82 00
. . . .	
. . . .	
Total (B)	82 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

17

No. 130

4 Nov. 1956

Full name of deceased Charles C. Hunt Age 84

Deceased is father-in-law of person arranging services.
(Give relationship)

(A)	Services, including merchandise . . .	$343 00/100
(B)	Accommodation Items	$ 82 00
	Total (A & B)	$ 425 00
* (C)	Additional items ordered later . . .	$
	Total Amount	$ 425 00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
11/7/56

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 14 129

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) William (Middle) J. (Last) Ruby
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wolf Lake
LENGTH OF STAY (in this place) 2 days
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lucky Hospital
DATE OF DEATH (Month) Sept. (Day) 19 (Year) 1956 (Hour) 5:00 PM
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
Name of husband or wife Ethel
Age of husband or wife if alive years
DATE OF BIRTH Mar 16, 1876
AGE (In years last birthday) 80
If Under 1 Year: Months Days
If Under 24 Hrs.: Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Ind.
CITIZEN OF WHAT COUNTRY? U S A
FATHER'S NAME Thomas Ruby
MOTHER'S MAIDEN NAME Matilda Hursey
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No
SOCIAL SECURITY NO.
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Dollie Lindsey
Address Cromwell, Ind.
Relationship to the deceased sister
PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta
DATE 9-22 1956
Location Kimmell
County Noble State Ind.

CAUSE OF DEATH Acute Coronary Occlusion
AUTOPSY YES ☐ NO ☑
PHYSICIAN Walter C. Hunt M D
Address Wolf Lake Phone No.
SURVIVED BY Phone No.
2 sisters
3 Brothers

RELIGION methodist
CLERGYMAN Rev Robert Wright
Address Cromwell, Ind. Phone No.
FUNERAL DATE 22 Sept. 1956
TIME 1:30 PM
PLACE [illegible] Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY C W Sloan + Sons License No. 614
EMBALMER'S LICENSE NO.
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise $

Outside Receptacle
(Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total

Amount Paid - Cash -

Balance

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket

*Outer Case-Cost $ Selling Price

*Embalming - " $ " "

*Clothing - - " $ " "

Livery

Total

Total Cash Advances

Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞

Gross Profit on Funeral

**Less Operation Cost per Funeral

Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . .
Preparation and Preservation . . .
Funeral Facilities and Equipment . .
Visitors Register . . . .
Acknowledgment Cards . . . . .
Funeral Car or Sedan . . . . .
Casket Coach . . . .
Casket . . . .
. . . .

Outside Receptacle . . . .

Clothing . . . .
Foot Wear . . . .
. . . .
. . . .

Total (A)

(B) ACCOMMODATION ITEMS

Tax . . . .
Cemetery Charges . . . .
Additional Autos . . . .
Telegrams . . . .
Long Distance Telephone Calls . .
R. R. Transportation . . . . .
Flowers . . . .
Clergyman . . . .
Special Music . . . .
Obituary Notices . . . .
. . . .
. . . .

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .
. . . .
. . . .
. . . .
. . . .

Total (C)

Total Amount

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
~~Preparation and Preservation~~
Funeral Facilities and Equipment
~~Visitors Register~~
~~Acknowledgment Cards~~
~~Funeral Car or Sedan~~
Casket Coach
~~Casket~~ — 85.00

Outside Receptacle	90.00
Clothing	
Foot Wear	
Total (A)	175.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

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763

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

14

FUNERAL PURCHASE RECORD

No. 129

21 Sept 1956

Full name of deceased William J. Ruby Age 80

Deceased is — of person arranging services. (Give relationship)

(A) Services, including merchandise	$175.00
(B) Accommodation Items	$
Total (A & B)	$175.00
* (C) Additional items ordered later	$
Total Amount	$175.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Cash

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By F. H. Moore

I, or we, accept and approve the above.

C M Sloan & Sons Funeral Home
Signature of Purchaser

Address

Ft. Wayne Ind.
City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
9-28-56

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 128

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED	(First) Pearl	(Middle) Myrtle	(Last) Schroyer

STREET ADDRESS (If rural, give location)

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell LENGTH OF STAY (in this place) 1 yr. 10 mo.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jefferson St.

DATE OF DEATH (Month) Aug (Day) 19 (Year) 1956 (Hour) 10:00 PM

SEX female COLOR OR RACE white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married.

Name of husband or wife Rev. George L.

Age of husband or wife if alive years

DATE OF BIRTH Dec 1, 1880 AGE (In years last birthday) 75 If Under 1 Year Months Days If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana CITIZEN OF WHAT COUNTRY? U S A

FATHER'S NAME Joseph Thompson

MOTHER'S MAIDEN NAME Mary Turner

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Rev. George L. Schroyer

Address Cromwell, Ind Relationship to the deceased Husband.

PLACE OF BURIAL

Cremation or Removal

Cemetery Mt Hope DATE Aug 22 1956

Location Logansport

County " State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH Carcinoma

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. P. L. Webster

Address Ligonier Phone No.

SURVIVED BY Husband Phone No.

Rev. Geo L. Schroyer

1 nephew - Howard Kader, Detroit

1 niece - Mrs. Lucille Elliott,

RELIGION Lutheran

CLERGYMAN Rev. Carl Sorenson, Rev. Robt Wright

Address & Rev. Mark B. Specht Phone No.

FUNERAL DATE Tuesday Aug. 21, 1956

TIME 2:00 PM.

PLACE Calvary Lutheran Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

FUNERAL DIRECTED BY License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6 x 6 - 23	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise $
Outside Receptacle (Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total
Amount Paid - Cash -
Balance

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket
*Outer Case-Cost $ Selling Price
*Embalming - " $ " "
*Clothing - - " $ " "
Livery

Total

Total Cash Advances
Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞
Gross Profit on Funeral
**Less Operation Cost per Funeral
Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . .
Preparation and Preservation . . .
Funeral Facilities and Equipment . .
Visitors Register . . . .
Acknowledgment Cards . . . . . .
Funeral Car or Sedan . . . . . .
Casket Coach . . . .
Casket . . . .
. . . .

Outside Receptacle . . . .

Clothing . . . .
Foot Wear . . . .
. . . .
. . . .

Total (A)

(B) ACCOMMODATION ITEMS

Tax . . . .
Cemetery Charges . . . .
Additional Autos . . . .
Telegrams . . . .
Long Distance Telephone Calls . .
R. R. Transportation . . . . .
Flowers . . . .
Clergyman . . . .
Special Music . . . .
Obituary Notices . . . .
. . . .
. . . .

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .
. . . .
. . . .
. . . .
. . . .

Total (C)

Total Amount

TRIPLICATE Form D-F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	575 00
Outside Receptacle	
Clothing	16 00
Foot Wear	
Total (A)	591 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	35 00
~~Additional Autos~~ Vault	100 00
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	135 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	726 00

763

FEDERATED

13

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 128

20 Aug. 1956

Full name of deceased Pearl M. Schroyer Age 75

Deceased is wife (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 591 00
(B)	Accommodation Items	$ 135 00
	Total (A & B)	$
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 726 00

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full 8-22-56		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

TRIPLICATE Form D F 22
Copyrighted F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service ~~Preparation and Preservation~~ Funeral Facilities and Equipment ~~Visitors Register~~ ~~Acknowledgment Cards~~ ~~Funeral Car or Sedan~~ ~~Casket Coach~~ ~~Casket~~	75⁰⁰
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
Total (A)	75⁰⁰

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

FUNERAL DIRECTORS OF AMERICA
FEDERATED

12

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 127

24 July 1956

Full name of deceased Martha Crow Fick Age 80

Deceased is ______ of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 75⁰⁰
(B) Accommodation Items	$
Total (A & B)	$ 75⁰⁰
* (C) Additional items ordered later It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.	$
Total Amount	$ 75⁰⁰

My, or our, preference for settlement is:

Terms ______

______
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By ______

Signature of Purchaser ______

Address ______

City ______ State ______

Signature of Co-purchaser ______ Street Address ______ City and State ______

Signature of Co-purchaser ______ Street Address ______ City and State ______

Signature of Co-purchaser ______ Street Address ______ City and State ______

Signature of Co-purchaser ______ Street Address ______ City and State ______

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________________195____ Amt. $__________

Payment Received in Full__________________________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
7-7-56

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 126

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Alice (Middle) Emmaline (Last) Mc Mann
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Elkhart STATE Indiana
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goshen
LENGTH OF STAY (in this place) 3 mos.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lockube Nursing Home
DATE OF DEATH (Month) July (Day) 19 (Year) 1956 (Hour)
SEX female
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife Spalden
Age of husband or wife if alive years
DATE OF BIRTH Nov. 11, 1875
AGE (In years last birthday) 80
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Rudolph Maggart
MOTHER'S MAIDEN NAME Suzanna Maggart
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)
SOCIAL SECURITY NO.
BRANCH OF SERVICE - (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Ted Mc Mann
Address Ligonier, Ind.
Relationship to the deceased Son
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE July 21 1956
Location Kimmell
County Noble
State Indiana

CAUSE OF DEATH
AUTOPSY YES ☐ NO ☑
PHYSICIAN
Address
Phone No.
SURVIVED BY
Phone No.

3 daughters
Mrs. Hazel Barton, Ft. Meyers Beach, Fla.
Mrs. Mabel Noyes, Elkhart
Mrs. Myrtle Zeibe, Cromwell
1 son
Ted Mc Mann, Ligonier

RELIGION Protestant
CLERGYMAN Rev. L. E. Toone
Address Ligonier
Phone No.
FUNERAL DATE July 21, 1956 Sat
TIME 2:00 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO.
Owner of Lot
Section
Grave No.

FUNERAL DIRECTED BY L H Moore
License No. 752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6-6 x 23	Description	cloth state	Interior	Rose Tan satin [illegible]
From	M. E. Gurney Co.	Mfrs. No.		Our Number		Finish	
Cost before Cash Discount		Trimmed Complete		Covering	Rose Tan Plush	Color	

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 390.00
	Outside Receptacle (Kind)	90.00
B.	Cash Advanced for Accommodation Items	29.00
C.	Additional items ordered later	
	Total	509.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	509.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	79.00	
*Outer Case-Cost $60.00 Selling Price	90.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	169.00	
Total Cash Advances	29.00	
Discount (if not figured in operation cost)		
	198.00	
Total Net Cost of Funeral	☞	198.00
Gross Profit on Funeral		311.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		49.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
. . . . .	
Outside Receptacle	
Clothing	
Foot Wear	
. . . . .	
. . . . .	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . . .	
. . . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .	
. . . . .	
. . . . .	
. . . . .	
. . . . .	
Total (C)	
Total Amount	

check -

20.00

Kimmell, Ind., July 21 1956

№ 1691

SPARTA CHRISTIAN CHURCH
CEMETERY

Received of L. H. Moore Funeral Home

Twenty and no/100 DOLLARS

for grave opening on Lot # 408 and for Mrs. Spaul Mc Mann

Dale Gorsuch Sec'y.

---

check.

9.00

Kimmell, Ind., July 21 1956

№ 1690

SPARTA CHRISTIAN CHURCH
CEMETERY

Received of L. H. Moore Funeral Home for Spaul Mc Mann

Nine and no/100 DOLLARS

for Assessments on Lot # 408 for yrs 1948, 49, 50, 51, 52, 53, 54, 55 and 1956

Dale Gorsuch Sec'y.

SPARTA CHRISTIAN CHURCH CEMETERY, KIMMELL, INDIANA -- GRAVE OPENING REQUEST

Date July 20 1956

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Mrs. Spaul McMann

in Burial Space four (4) Lot 408 Section 4, Recorded in the name of Spaul McMann

Vault Size Cromwell Vault -

Grave opening to be ready by 1:00 ~~A. M.~~ / P. M. Date Saturday July 21 1956

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $20.00 for grave opening 7.00 for assessments 1948 to and including 1956 @ $1.00 per yr -

Total ~~34.00~~ 29.00

Request made via phone

J. H. Moore speaking.

Funeral

(Signatures of relatives or legal representatives). (Address and relationship to deceased or authority to sign).

July 21, 1956
Receipts # 1690
1691
Dale Fosnaugh, Sec'y

Funeral Director J. H. Moore Funeral Home Cromwell Number

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket
390^{00}

Outside Receptacle . . . . 90^{00}

Clothing . . . . ________
Foot Wear . . . . ________
. . . . ________

Total (A) 480^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . 29.^{00}
Additional Autos . . . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls . ________
R. R. Transportation . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . ________
Obituary Notices . . . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (B) 29^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (C) ________

Total Amount 509^{00}

11

FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 126

19 July 1956

Full name of deceased Emma McMann Age 80

Deceased is mother of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $480^{00}
(B) Accommodation Items . . . . . . $29^{00}
Total (A & B) $509^{00}

* (C) Additional items ordered later . . . $________
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $509^{00}

My, or our, preference for settlement is:

Terms________________________________

____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By________________________

____
Signature of Purchaser

____
Address

____
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $__________

Payment Received in Full____________195____ Check Number__________

Individual Payments Received as follows:

Myrtle
Mabel
Hazel
Ted

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7/23/56	509 00	134 00	375 00
	375 00	125 00	250 00
	250 00	125 00	125 00
	125 00	125 00	—

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 125

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Frederick (Middle) George (Last) Morman

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Kosciusko PHONE

PLACE OF DEATH COUNTY Kosciusko STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Turkey Creek Twp.

LENGTH OF STAY (in this place) 9 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wawasee Lake

DATE OF DEATH (Month) July (Day) 8 (Year) 1956 (Hour) 12:30 P.

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Aug 5, 1883

AGE (In years last birthday) 73

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY Western Electric

BIRTHPLACE (State or foreign country) Illinois

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Frederick Morman

MOTHER'S MAIDEN NAME Kathrine McCrone

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 343-01-2957

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. James Bailey

Address 535 Forest ave. River Forest

Relationship to the deceased Daughter

PLACE OF BURIAL Cremation or Removal

Cemetery Oak Park

DATE July 10 1956

Location Ligonier,

County

State Ind.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Paul Bailey

Address Ft. Wayne, Ind. Phone No.

SURVIVED BY - Daughter Phone No.

Kathryn Morman Bailey

RELIGION Protestant

CLERGYMAN

Address Phone No.

FUNERAL DATE July 10, 1956

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

Edward Cook Loge, Oak Park, Ill

SINGERS

BEARERS

CEMETERY LOT NO. ✓ Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 - 33	Description 20 ga. Steel	Interior Grey Satin
From M. E. Gurney Co.	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Grey

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 627.00
Outside Receptacle (Kind)	90.00
B. Cash Advanced for Accommodation Items	51.95
C. Additional items ordered later	
Total	
Amount Paid - Cash -	768.95
Balance	

Terms:

Selling Price of This Funeral Service	☞	768.95

REVENUE ITEMS AND THEIR COST

Cost of Casket	139.50	
*Outer Case-Cost $60.00 Selling Price	90.00	
*Embalming - " $ " "		
*Clothing - - " $ " "	-	
Livery		
Total	229.50	
Total Cash Advances	51.95	
Discount (if not figured in operation cost)	281.45	
Total Net Cost of Funeral	☞	281.45
Gross Profit on Funeral		487.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		127.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	627 00
Outside Receptacle	70 00
Clothing	
Foot Wear	
Total (A)	717 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	20 00
Clergyman	
Special Music	
Obituary Notices	
Shirt + Tie	5.45
6 cert. copies	
Death Cert.	1.50
Total (B)	51.95

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	768.95

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

763

10

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 125

3 July 1956

Full name of deceased T. George Norman Age 73

Deceased is father (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 717 00
(B)	Accommodation Items	$ 51 95
	Total (A & B)	$ 768 95
* (C)	Additional items ordered later	$
		Total Amount $ 768 95

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
By J F Bailey

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 124

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Francis (Middle) S. (Last) Van Aman

STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wolf Lake

LENGTH OF STAY (in this place) 2 hrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital

DATE OF DEATH (Month) May (Day) 29 (Year) 1956 (Hour) 3:30 P

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Jan 15, 1914

AGE (In years last birthday) 42

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Essex Ontario

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME John C. Van Aman

MOTHER'S MAIDEN NAME Mary Simon

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) Yes WW II

SOCIAL SECURITY NO. 289-22-3474

BRANCH OF SERVICE (Army, Navy or Marine) Army (Regiment, Company or Command) 752 Railway Opr. Command

ENLISTED 14 Mar 44

DISCHARGED Jan 46

NAME OF WAR WW II

SERIAL NO. 35 245 955

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address

Relationship to the deceased

PLACE OF BURIAL
Cremation or Removal
Cemetery Oak Park
DATE June 1 1956
Location Ligonier
County Noble
State Ind.

CAUSE OF DEATH Coronary occlusion

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Q. J. Stultz

Address Ligonier, Ind. Phone No.

SURVIVED BY Phone No.

2 sons Lynn of Kville - Larry of Albion
7 grandsons
Mother - Mary Jennings 1234 W 7th. PO Box 1262
1 Bro. Jack, Berea Ohio
3 sisters - Mrs. Harmon Harper, Cromwell
Mrs Marion Rohm, Kingston
Mrs. Marion Colbeck, St. Pete, Fla

RELIGION Catholic

CLERGYMAN Fr. McCartin

Address Ligonier, Ind. Phone No.

FUNERAL DATE Friday - June 1, 1956

TIME 2:00 PM

PLACE Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. A. Moore License No. 752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description Cloth State	Interior Satin Twill Acetate
From M. E. Gurney Co.	Mfrs. No.	Our Number	Finish Plush
Cost before Cash Discount	Trimmed Complete	Covering	Color Rose

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 397.00
	Outside Receptacle (Kind)	90.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	487.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	487.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	76.50	
*Outer Case-Cost $60.00 Selling Price	90.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	166.50	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	166.50
Gross Profit on Funeral		320.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		39.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation . . .	
Funeral Facilities and Equipment . .	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
. . . .	
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
. . . .	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls . .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R280.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Francis S. Van Aman
(NAME OF DECEASED)

289-22-3474
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

Form OA-C719
(4-53)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72-R461.

It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage. This information is needed in connection with a claim on the account of the deceased person named below.

L. H. Moore Funeral Home
Cromwell
Indiana

VanAman, Francis S.
(Name of deceased)

239-22-3474
(Social security account number)

16—67357-2 GPO

TRIPLICATE
Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	397.00
Outside Receptacle	90.00
Clothing	
Foot Wear	
. . . .	
Total (A)	487.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

25
5.1 2

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

9

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 124

30 May 1956

Full name of deceased Francis S. Van Aman Age 42

Deceased is ~~mother~~ son (Give relationship) of person arranging services.

(A) Services, including merchandise . . .	$ 487.00
(B) Accommodation Items	$
Total (A & B)	$ 487.00
* (C) Additional items ordered later . . .	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 487.00

My, or our, preference for settlement is:

Terms____________________

____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By____________________

Signature of Purchaser
Address
City State

Signature of Co-purchaser — Street Address — City and State
Signature of Co-purchaser — Street Address — City and State
Signature of Co-purchaser — Street Address — City and State
Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
6-9-56	487 00	237 00	250 00
7-3-56	250 00	100 00	150 00
10-5-56	150 00	150 00	

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 123

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Mary (Middle) Izora (Last) Miller

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wolf Lake

LENGTH OF STAY (in this place) 3 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital

DATE OF DEATH (Month) May (Day) 1 (Year) 1956 (Hour) 7:05 AM

SEX female

COLOR OR RACE White

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

Name of husband or wife George

Age of husband or wife if alive years

DATE OF BIRTH Jan. 23, 1870

AGE (In years last birthday) 86

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME David Winebrenner

MOTHER'S MAIDEN NAME Jane Herron

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No

SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Pauline Clingerman

Address Churubusco, Ind.

Relationship to the deceased daughter

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta

DATE 5-3 1956

Location Kimmell

County Noble

State Ind.

CAUSE OF DEATH Coronary Occlusion

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr Hunt

Address

Phone No.

SURVIVED BY 3 daughters

Phone No.

Mrs. Jess LeCount, No. Webster Mrs Levi Price, Albion
Mrs. Pauline Clingerman, Churubusco
3 sons Ben & Curtis Miller of Col. City
Otto Miller of Cromwell,
15 grandchildren & 16 great grand children
1 sister Mrs. Nora Jumbrush, Col City.

RELIGION Protestant

CLERGYMAN Rev. John Hartman

Address

Phone No.

FUNERAL DATE Thursday May 3, 1956

TIME 2:00 PM

PLACE Broadway Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Grandsons

CEMETERY LOT NO.

Owner of Lot

Section

Grave No.

FUNERAL DIRECTED BY LH Moore

License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6-23	Description 18 ga. Steel	Interior Velvet & Bow
From M. E. Gurney	Mfrs. No.	Our Number	Finish Bronze [illegible]
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise	$	775.00
Outside Receptacle (Kind)		90.00
B. Cash Advanced for Accommodation Items		20.00
C. Additional items ordered later		
Total		885.00
Amount Paid - Cash -		
Balance		

Terms:

Selling Price of This Funeral Service	☞	885.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	198.50	
*Outer Case-Cost $60.00 Selling Price	90.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	288.50	
Total Cash Advances		
Discount (if not figured in operation cost)	15.50	
	304.00	
Total Net Cost of Funeral	☞	304.00
Gross Profit on Funeral		581.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		221.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected.

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

8

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 123

1 May 1956

Full name of deceased Mary Izora Miller Age 86

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise . . .	$865.00
(B)	Accommodation Items	$20.00
	Total (A & B)	$885.00
* (C)	Additional items ordered later . . .	$
	Total Amount	$885.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $15.00 Discount if paid on or before June 1, 1956

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By ____________

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	775.00
Outside Receptacle	90.00
Clothing	
Foot Wear	
. . . .	
Total (A)	865.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	20.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $________

Payment Received in Full________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 122

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Charles (Middle) William (Last) Caskey
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Sparta Twp.
STREET ADDRESS (If rural, give location) R² Ligonier
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE
PLACE OF DEATH COUNTY Noble STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
LENGTH OF STAY (in this place) 42 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RR² Ligonier
DATE OF DEATH (Month) April (Day) 20 (Year) 1956 (Hour) 3:00 PM
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Sarah
Age of husband or wife if alive years
DATE OF BIRTH Jan 4 1876
AGE (In years last birthday) 80
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U. S. A.
FATHER'S NAME Samuel Caskey
MOTHER'S MAIDEN NAME Nancy Collins
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. none
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs Sarah Caskey
Address R² Ligonier
Relationship to the deceased wife
PLACE OF BURIAL Cremation or Removal Cemetery Burial
DATE 22 apr 1956
Location Kimmell
County Noble State Ind.

CAUSE OF DEATH Coronary Occlusion
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. John D. Hall (Coroner
Address K'ville, Ind. Phone No.
SURVIVED BY wife Sarah Phone No.
2 daughters Mrs. Mabel Coy, Big Lake
Mrs. Olive Gradeless, Princeton
2 sons - Charles Caskey R² Ligonier
Donald Caskey, Ligonier
23 grandchildren
24 great grandchildren
1 Brother - Robert Caskey R² Ligonier
1 sister - Mrs. Minnie Cofman R¹ Ligonier

RELIGION Protestant
CLERGYMAN Rev. Lauren Martin
Address Kimmell Ind. Phone No.
FUNERAL DATE Sunday 22 April 1956
TIME 2:00 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS Grandchildren

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1757
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6-6 23	Description	20 ga Armco Iron	Interior	Rose Tan Crepe
From	M. E. Gunn	Mfrs. No.		Our Number		Finish	Gloss
Cost before Cash Discount		Trimmed Complete		Covering		Color	Bronze

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 679.00
	Outside Receptacle (Kind)	90.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	769.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	769.00

REVENUE ITEMS AND THEIR COST

Cost of Casket				155.00
*Outer Case-Cost	$60.00	Selling Price	90.00	90.00
*Embalming - "	$	" "		
*Clothing - - "	$	" "		
Livery				15.00
Total				260.00
Total Cash Advances				
Discount (if not figured in operation cost)				23.00
				283.00

Total Net Cost of Funeral	☞	283.00
Gross Profit on Funeral		486.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		126.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . .	
Preparation and Preservation . . .	
Funeral Facilities and Equipment . .	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
. . . .	
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
. . . .	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls . .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

7

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 122

20 April 1956

Full name of deceased Charles William Caskey Age 80

Deceased is Husband of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$769.00
(B)	Accommodation Items	$
	Total (A & B)	$
* (C)	Additional items ordered later	$
	Total Amount	$769.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $23.00 Discount if paid on or before 20 May 1956

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	$679.00
Outside Receptacle	90.00
Clothing	
Foot Wear	
Total (A)	769.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO ______________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ______________ 195___ Amt. $__________

Payment Received in Full ______________ 195___ Check Number __________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5-18-56	769 00	746 00	23 00 Disc.
	Pd in full		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 121

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Grover (Middle) (Last) Johnston

STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

LENGTH OF STAY (in this place) 28 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

DATE OF DEATH (Month) April (Day) 3 (Year) 1956 (Hour)

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Kitty

Age of husband or wife if alive years

DATE OF BIRTH Dec. 18, 1884

AGE (In years last birthday) 71

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME George Y. Johnston

MOTHER'S MAIDEN NAME Angeline Hill

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No.

SOCIAL SECURITY NO. 310-10-9890

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs Kitty Johnston

Address Kimmell, Ind.

Relationship to the deceased wife

PLACE OF BURIAL

Cremation or Removal

Cemetery Sparta

DATE 4-5 1956

Location Kimmell

County Noble State Ind.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Paul Webster

Address Ligonier Phone No.

SURVIVED BY Wife - Kitty Phone No.

3 Sons - Clyde Johnston of Ligonier, Carl of So. Bend

Fred of Sturgis, Mich.

3 daughters - Cora Gangwer - Kimmell, Faye Emery So. Bend

Esther Browning - Mishawaka

1 Brother - Fred Johnston - Ligonier

2 sisters - Mrs. Ercie Hill - Ligonier

Mrs. Fred Howell - Columbia City

22 grand children + 1 great grand child.

RELIGION Methodist

CLERGYMAN Rev. Albert Rider

Address Kimmell, Ind. Phone No.

FUNERAL DATE Thurs. April 5, 1956

TIME 2:00 PM

PLACE Kimmell Methodist Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS George Foster, George Williamson

Keith Hicks, Jr. Knafel,

John Rosenogle, Hugh Fausnaugh

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6-6 23	Description	Armco Iron 22 ga	Interior	Ivory Satin
From	M. E. Gurney	Mfrs. No.		Our Number		Finish	gloss
Cost before Cash Discount		Trimmed Complete		Covering		Color	Grey

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 537.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
		632.00
	Total	
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	632.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost $ Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	12.00	
	237.00	
Total Net Cost of Funeral	☞	237.00
Gross Profit on Funeral		395.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		35.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Grover Johnston
(NAME OF DECEASED)

310-10-9890
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	537^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
. . . .	
Total (A)	612^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	20^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

6

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 121

30 April 1956

Full name of deceased Grover Johnston Age 71

Deceased is Husband of person arranging services.
(Give relationship)

(A)	Services, including merchandise . . .	$ 612^{00}
(B)	Accommodation Items	$ 20^{00}
	Total (A & B)	$ 632^{00}
* (C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 632^{00}

My, or our, preference for settlement is:

Terms 12^{00} Disc if paid on or before May 3, 1956

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO ______________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ______________ 195___ Amt. $________

Payment Received in Full ______________ 195___ Check Number ______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4-26-56	632.00	620.00	12.00 Disc.

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 120

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Francis (Middle) E. (Last) Rodgers
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wolf Lake
LENGTH OF STAY (in this place) 4 wks
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital
DATE OF DEATH (Month) March (Day) 25 (Year) 1956 (Hour) 9:35A.
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife Elizabeth
Age of husband or wife if alive years
DATE OF BIRTH June 18, 1874
AGE (In years last birthday) 81
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman
KIND OF BUSINESS OR INDUSTRY Rail Road
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U S A.
FATHER'S NAME Oscar Rodgers
MOTHER'S MAIDEN NAME Milinda Bentz
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. 705-12-1596
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Harry Rodgers
Address Syracuse, Ind
Relationship to the deceased son
PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta
DATE Mar 28 1956
Location Kimmell Ind.
County Noble State Indiana

CAUSE OF DEATH Cerebral Hemorrhage
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. D. F. Stultz
Address Ligonier, Ind. Phone No.
SURVIVED BY Phone No.
1 daughter Eloa Rodgers, Cromwell
1 son Harry Rodgers, Syracuse
2 Brothers Harry Rodgers, Kimmell
Melvin Rodgers, Ligonier
1 sister Mrs. Ida Mullin

3 grand children
8 great grand children

RELIGION Lutheran
CLERGYMAN Rev. George L. Schroyer
Address Cromwell, Ind Phone No.
FUNERAL DATE Wed Mar 28, 1956
TIME 2:00 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS
Brotherhood Lodge #466
SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
Vault.
FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 22	Description Cloth State	Interior Rose tan satin
From M. E. Gunn	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Plush	Color Rose

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 397.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	
Total	492.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service		☞	492.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	76.50	
*Outer Case-Cost $ Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	166.50	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		186.50
Gross Profit on Funeral		305.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		54.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______

Outside Receptacle . . . . ______

Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______
Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______
Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______
Total (C) ______

Total Amount ______

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Francis E. Rodgers
(Name of deceased wage earner)

705-12-1596
(Account number)

ENCLOSURE:

(You may detach here and save top portion for your files)

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	397.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	472.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

FEDERATED 5

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 120

25 March 1956

Full name of deceased Francis E. Rodgers Age 81

Deceased is Father (Give relationship) of person arranging services.

(A) Services, including merchandise	$472.00
(B) Accommodation Items	$20.00
Total (A & B)	$492.00
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $492.00

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser
Street Address City and State

Signature of Co-purchaser
Street Address City and State

Signature of Co-purchaser
Street Address City and State

Signature of Co-purchaser
Street Address City and State

FOLIO ______

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ______ 195__ Amt. $______

Payment Received in Full ______ 195__ Check Number ______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3-28-56	492 00	392 00	100 00
4-18-56	100 00	100 00	—

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 119

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Mae (Middle) Seabury (Last) Tucker
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
STREET ADDRESS (If rural, give location) Waterford, Ind.
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission;
STATE Indiana COUNTY Noble PHONE
PLACE OF DEATH COUNTY Elkhart STATE Indiana
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waterford
LENGTH OF STAY (in this place) 29 mos.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weaver Convalescent Home
DATE OF DEATH (Month) March (Day) 19 (Year) 1956 (Hour) 3:00 PM
SEX female
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife S. Brent
Age of husband or wife if alive years
DATE OF BIRTH Feb 28, 1956
AGE (In years last birthday) 85
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Charles M. Seabury
MOTHER'S MAIDEN NAME Cynthia Allen
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. none
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Lois Smith
Address Cromwell, Ind.
Relationship to the deceased daughter
PLACE OF BURIAL
Cremation or Removal
Cemetery Oak Park
DATE 3-22 1956
Location Ligonier, Indiana
County Noble State Indiana

CAUSE OF DEATH Coronary Heart Disease
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. Howard A. Bosler
Address Goshen, Ind Rt 5 Phone No.
SURVIVED BY Phone No.
1 son Frank B. Tucker, E. St. Louis Ill
2 daughters - Mrs. Mildred Calbeck, Ligonier
Mrs. Lois Smith, Cromwell
7 Grandchildren + 18 great grandchildren

RELIGION Methodist
CLERGYMAN Rev. Robert Wright
Address Cromwell, Ind. Phone No.
FUNERAL DATE Thursday Mar. 22, 1956
TIME 1:30 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS Eastern Star - Ligonier

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description Solid Oak	Interior Rose Tan Satin
From M. E. Gunny	Mfrs. No.	Our Number	Finish Semi gloss
Cost before Cash Discount	Trimmed Complete	Covering	Color Nut Brown

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 592.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	25.00
C.	Additional items ordered later	1.50
	Total	693.50
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	693.50

REVENUE ITEMS AND THEIR COST

Cost of Casket	136.50	
*Outer Case-Cost $ Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	226.50	
Total Cash Advances	26.50	
Discount (if not figured in operation cost)	17.86	
Total Net Cost of Funeral	☞	270.86
Gross Profit on Funeral		422.64
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		62.64

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

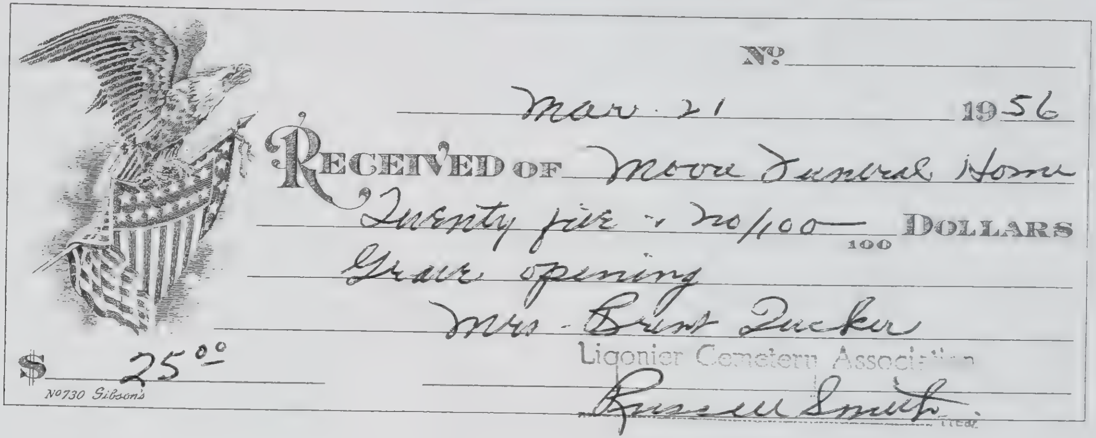
Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car or Sedan		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Foot Wear		
Total (A)		

(B) ACCOMMODATION ITEMS

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		



№

Mar. 21 1956

RECEIVED OF Moore Funeral Home

Twenty five & no/100 ——— $\frac{}{100}$ DOLLARS

Grave opening

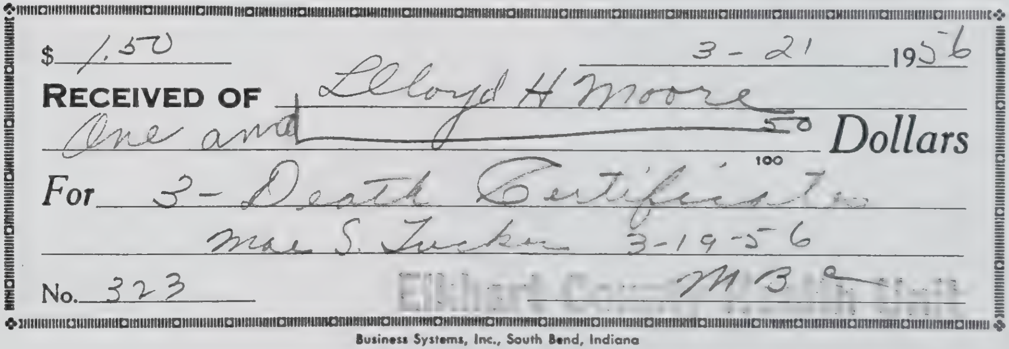
Mrs. Brent Tucker

$ 25.00

Ligonier Cemetery Association

Russell Smith Treas.

No730 Gibson's



$ 1.50 3-21 1956

RECEIVED OF Lloyd H Moore

One and ——— 50/100 Dollars

For 3- Death Certificates

Mae S. Tucker 3-19-56

No. 323

Elkhart County Health Unit

M B

Business Systems, Inc., South Bend, Indiana

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	592^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
Total (A)	$\#667^{00}$

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

3 Cert. Copies	$1.^{50}$
Death Cert.	
Total (C)	1.50
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

763

FEDERATED

4

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 119

20 March 1956

Full name of deceased Mae S. Tucker Age 85

Deceased is mother (Give relationship) of person arranging services.

(A)	Services, including merchandise	$\$667^{00}$
(B)	Accommodation Items	$\$25^{00}$
	Total (A & B)	$\$692^{00}$
* (C)	Additional items ordered later	$\$1.^{50}$
	Total Amount	$\$693^{50}$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $\#17^{86}$ discount if paid in full on or before April 20, 1956

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
675.64
5-29-56

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 118

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Arby (Middle) W. (Last) Hodge
CITY OR TOWN (If outside corporate limits, write RURAL and give township)
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Ind. COUNTY Tipton PHONE

PLACE OF DEATH COUNTY Tipton STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arcadia
LENGTH OF STAY (in this place) 7 mo.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sigler Nursing Home
DATE OF DEATH (Month) March (Day) 4 (Year) 1956 (Hour) 4:00 PM
SEX Male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife Pearl
Age of husband or wife if alive years
DATE OF BIRTH April 6 - 1873
AGE (In years last birthday) 82
If Under 1 Year: Months Days
If Under 24 Hrs.: Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
KIND OF BUSINESS OR INDUSTRY Farm owner
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Winfield Scott Hodge
MOTHER'S MAIDEN NAME Martha Galloway ~~Pearl M. Burns~~
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. None
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Bert Hodge
Address Tipton, Ind.
Relationship to the deceased son
PLACE OF BURIAL Cremation or Removal Burial
DATE 3-8 1956
Cemetery
Location Kimmell
County Noble
State Indiana

CAUSE OF DEATH Cerebral Hemorrhage
AUTOPSY YES ☐ NO ☑
PHYSICIAN
Address
Phone No.
SURVIVED BY 1 son Bert Hodge
Phone No.
150 W. South St. Tipton
3 grandsons

RELIGION Protestant
CLERGYMAN Rev. Albert Rider
Address Wawaka
Phone No.
FUNERAL DATE Thursday March 8, 1956
TIME 1:30 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS
SINGERS Broadway Quartet
BEARERS Clarence McFarren, Harve Galloway
Heber Boggs, Orville Harrill
Merle Lahr, Harold Juday

CEMETERY LOT NO.
Owner of Lot
Section
Grave No.
FUNERAL DIRECTED BY L H Moore
License No. 1752
EMBALMER'S LICENSE NO. 4180
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description 18ga Copper alloy	Interior Velvet
From	Mfrs. No.	Our Number Crane & Breed sealer	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 860.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	40.00
C. Additional items ordered later	
Total	975.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	975.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	229.00	
*Outer Case-Cost $ Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	319.00	
	40.00	
Total Cash Advances	25.80	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	384.80
Gross Profit on Funeral		590.20
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		230.20

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car or Sedan		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Foot Wear		
Total (A)		

(B) ACCOMMODATION ITEMS

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	860 00
Outside Receptacle	75 00
Clothing	
Foot Wear	
Total (A)	935 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	20 00
Clergyman	
Special Music	
Obituary Notices	
Total (B)	40 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

3

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 118

March 5 1956

Full name of deceased Arby W. Hodge Age 82

Deceased is Father of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 935 00
(B) Accommodation Items	$ 40 00
Total (A & B)	$ 975 00
* (C) Additional items ordered later	$
Total Amount	$ 975 00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $25.80 discount if paid in full on or before April 5, 1956
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ____________ 195___ Amt. $________

Payment Received in Full ____________ 195___ Check Number ____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
949.26
4-5-56

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Orra Elizabeth Roush
(NAME OF DECEASED)

(SOCIAL SECURITY ACCOUNT NUMBER)

16—42483-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 117

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Orra (Middle) Elizabeth (Last) Roush

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington Twp.

STREET ADDRESS (If rural, give location) Washington Twp. Ind.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Kosciusko STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Rural Washington Twp.~~

LENGTH OF STAY (in this place) 4 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McDonald Hospital

DATE OF DEATH (Month) March (Day) 4 (Year) 1956 (Hour) 2:40 A

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Roy

Age of husband or wife if alive years

DATE OF BIRTH 6-17-1881

AGE (In years last birthday) 74

If Under 1 Year: Months Days

If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A

FATHER'S NAME George C. Seymour

MOTHER'S MAIDEN NAME Lydia Howenstine

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Roy Roush
Address Pierceton RR#1
Relationship to the deceased Husband.

PLACE OF BURIAL Cremation or Removal
Cemetery Salem
DATE Mar 7 1956
Location Wilmot
County Noble
State Ind.

CAUSE OF DEATH acute Cardiac Dilatation

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. G. W. Stalter

Address North Webster Phone No. 70

SURVIVED BY Phone No.

Husband - Roy
3 daughters - Frances Roush, Ft. Wayne
Alfreda Hodge, Tipton
Georgia Swisher, Bluffton
1 son - Thomas M. - San Diego Calif.
1 Brother - Calvin Seymour, Cromwell

RELIGION Protestant

CLERGYMAN Rev. Albert Rider

Address Wawaka Phone No.

FUNERAL DATE Wednesday March 7, 1956

TIME 1:30 P.M.

PLACE Salem Church

FRATERNAL AFFILIATIONS

SINGERS Mary DeMotte

BEARERS Jack Beezley, Thad Beezley, Richard Beezley, Dan Prickett, Arthur (Bud) [illegible] Alf [illegible]

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description 20ga Armco Iron	Interior Rosetan Crepe
From M. E. Gurney	Mfrs. No.	Our Number	Finish Polished
Cost before Cash Discount	Trimmed Complete	Covering	Color Coppertone

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 687.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	762.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	762.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	150.00	
*Outer Case-Cost $ Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	225.00	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	225.00
Gross Profit on Funeral		537.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		177.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	687.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	762.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	~~[illegible]~~
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	~~[illegible]~~

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

2

FUNERAL PURCHASE RECORD

No. 117

4 March 1956

Full name of deceased Orra W. Roush Age 74

Deceased is Wife (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 762.00
(B) Accommodation Items	$ ~~[illegible]~~
Total (A & B)	$ ~~762.00~~
* (C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ ~~762.00~~ 762.00

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4-4-56	762 00	300 00	462 00
5-14-56	462 00	60 00	402 00
6-7-56	402 00	150 00	252 00
11-26-56	252 00	130 00	122 00

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 116

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Annie (Middle) M. (Last) Shisler
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimmell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimmell
LENGTH OF STAY (in this place) 53 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maple Ave.
DATE OF DEATH (Month) January (Day) 22 (Year) 1956 (Hour)
SEX female
COLOR OR RACE White
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife John
Age of husband or wife if alive years
DATE OF BIRTH Jan 7, 1865
AGE (In years last birthday) 91
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Christian Butz
MOTHER'S MAIDEN NAME Mary Ley
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. None
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Ruby Hinnt
Address Cromwell, Ind.
Relationship to the deceased daughter
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE Jan 25 1956
Location Kimmell
County Noble
State Indiana

CAUSE OF DEATH Cardio Vascular Renal Disease
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. J. R. Cook
Address Albion, Ind. Phone No.
SURVIVED BY Phone No.
1 son Enoch Shisler – York Twp.
2 daughters Mildred Shisler – Kimmell
" Ruby Hinnt – Washington Twp.
1 Brother – Fred D. Butz – K'ville
2 sisters – Mrs. Ida Hoffman "
" " Clara Sheffer "

4 grand children
10 great grand children

RELIGION Lutheran
CLERGYMAN Rev. Herman H Heine & Rev. M. L. Joacht
Address Phone No.
FUNERAL DATE Jan 25, 1956 – Wednesday
TIME 2:00 P m
PLACE Sparta Church
FRATERNAL AFFILIATIONS
SINGERS
BEARERS nephews

CEMETERY LOT NO. Owner of Lot
Section Grave No.
Cromwell Vault
FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description 18ga Armco Iron	Interior Rose Beige Vel
From M. E. Gurney	Mfrs. No.	Our Number	Finish Polished
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 775.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	850.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	850.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	194.50	
*Outer Case-Cost $ Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	284.50	
Total Cash Advances		
Discount (if not figured in operation cost)	25.00	
Total Net Cost of Funeral	☞	309.50
Gross Profit on Funeral		540.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		180.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______

Outside Receptacle . . . . ______

Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______

Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______

Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______

Total (C) ______

Total Amount ______

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	775^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
Total (A)	850^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

1

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL DIRECTORS OF AMERICA FEDERATED

FUNERAL PURCHASE RECORD

No. 116

23 January 1956

Full name of deceased Annie M. Shisler Age 91

Deceased is mother of person arranging services.
(Give relationship)

(A) Services, including merchandise	$850^{00}
(B) Accommodation Items	$
Total (A & B)	$
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $850^{00}

My, or our, preference for settlement is:

Terms $25^{00} discount if paid on or before 7 Feb 1956

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser

Signature of Co-purchaser

Signature of Co-purchaser

Signature of Co-purchaser

Street Address City and State

Street Address City and State

Street Address City and State

Street Address City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
1-27-56

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 115

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Steve (Middle) Frederick (Last) Shock

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

COUNTY

PHONE

PLACE OF DEATH COUNTY Marion STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Indianapolis

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Riley

DATE OF DEATH (Month) Dec (Day) 10 (Year) 1955 (Hour) 11:00A

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Dec. 2, 1955

AGE (In years last birthday)

If Under 1 Year Months Days 8

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country)

CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Frederick Shock

MOTHER'S MAIDEN NAME Bulah Stevens

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Fred Shock

Address

Relationship to the deceased

PLACE OF BURIAL

Cremation or Removal

Cemetery Sparta

DATE Dec 11 1955

Location Kimmell

County Noble State Ind.

CAUSE OF DEATH Aspiration Pneumonitis

AUTOPSY YES ☑ NO ☐

PHYSICIAN Dr. Earl Brown

Address Indianapolis Phone No.

SURVIVED BY Phone No.

Parents – grandparents

RELIGION Protestant

CLERGYMAN Rev. Robert Wright

Address Cromwell, Ind. 1 Phone No.

FUNERAL DATE Dec. 11, 1955

TIME 2:00 P.m

PLACE Graveside

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO.

Owner of Lot

Section

Grave No.

FUNERAL DIRECTED BY SH Moore

License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $
Outside Receptacle ________
(Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total
Amount Paid - Cash - ________
Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ________
*Outer Case-Cost $_____ Selling Price ________
*Embalming - " $_____ " " ________
*Clothing - - " $_____ " " ________
Livery ________

Total

Total Cash Advances ________
Discount (if not figured in operation cost) ________

Total Net Cost of Funeral ☞ ________
Gross Profit on Funeral ________
**Less Operation Cost per Funeral ________
Net Profit or Loss Apparent ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ________
Preparation and Preservation . . . ________
Funeral Facilities and Equipment . . ________
Visitors Register . . . . ________
Acknowledgment Cards . . . . . ________
Funeral Car or Sedan . . . . . . ________
Casket Coach . . . . ________
Casket . . . . ________
. . . . ________

Outside Receptacle . . . . ________

Clothing . . . . ________
Foot Wear . . . . ________
. . . . ________
. . . . ________
Total (A) ________

(B) ACCOMMODATION ITEMS

Tax . . . . ________
Cemetery Charges . . . . ________
Additional Autos . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls . . . ________
R. R. Transportation . . . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . ________
Obituary Notices . . . . ________
. . . . ________
. . . . ________
Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________
Total (C) ________

Total Amount ________

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	6000
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	60 00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	5 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Trip to Indianapolis	30 00
Total (B)	35 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	95 00

763

25

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD.

No. 115

12 Dec 1955

Full name of deceased Steve Fredrick Shock Age 8 days

Deceased is son of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$ 60 00
(B)	Accommodation Items	$ 35 00
	Total (A & B)	$ 95 00
* (C)	Additional items ordered later	$
	Total Amount	$ 95 00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Net

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ____________ 195___ Amt. $________

Payment Received in Full ____________ 195___ Check Number ____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 114

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Mary (Middle) Margaret (Last) Elder
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN
LENGTH OF STAY (in this place) 6 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) Nov. (Day) 10 (Year) 1955 (Hour) 3:00 PM
SEX female
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife John
Age of husband or wife if alive years
DATE OF BIRTH May 17, 1874
AGE (In years last birthday) 81
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Noah Puntenney
MOTHER'S MAIDEN NAME Electa Gray

315-32-8868

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of ser.)
SOCIAL SECURITY NO. None
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs Don Robbins
Address Cromwell
Relationship to the deceased daughter
PLACE OF BURIAL
Cremation or Removal
Cemetery Oak Park
DATE Nov. 13 1955
Location Ligonier,
County Noble State Indiana

CAUSE OF DEATH Coronary Occlusion
AUTOPSY YES ☐ NO ☒
PHYSICIAN Dr. O. F. Stultz
Address Ligonier, Ind. Phone No.
SURVIVED BY Phone No.
1 daughter Mary B. - Cromwell
1 son Russell W. Logansport
1 granddaughter
Number of nieces & nephews

RELIGION Protestant
CLERGYMAN Rev. Robert Wright
Address Cromwell Phone No.
FUNERAL DATE Sun. Nov. 13, 1955
TIME 2:00 PM
PLACE L. H. Moore
FRATERNAL AFFILIATIONS Morris Chapel M. E.

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY License No.
EMBALMER'S LICENSE NO.
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description Solid Walnut	Interior Ivory Satin
From M. E. Gurney	Mfrs. No.	Our Number	Finish Hi Gloss
Cost before Cash Discount	Trimmed Complete	Covering	Color Walnut

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 725.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	35.00
C.	Additional items ordered later	
	Total	835.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	835.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	195.00	
*Outer Case-Cost $ Selling Price 75.00	75.00	
*Embalming - " $ " "	25.00	
*Clothing - - " $ " "		
Livery	15.00	
Total	310.00	
Total Cash Advances	35.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		345.00
Gross Profit on Funeral		490.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		130.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation . . .	
Funeral Facilities and Equipment . .	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
. . . .	
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
. . . .	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls . .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Mary Margaret Elder
(NAME OF DECEASED)

315- 32 - 8868
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	725.00
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	75.00
Clothing	
Foot Wear	
. . . .	
Total (A)	800.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	35.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	35.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

24

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 114

11 November 1955

Full name of deceased Mary Margaret Elder Age 81

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$800.00
(B)	Accommodation Items	$35.00
	Total (A & B)	$835.00
* (C)	Additional items ordered later	$
	Total Amount	$835.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By

Signature of Co-purchaser

Signature of Co-purchaser

Signature of Co-purchaser

Signature of Co-purchaser

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Street Address City and State

Street Address City and State

Street Address City and State

Street Address City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________________195____ Amt. $__________

Payment Received in Full____________________________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 113

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Vera (Middle) Ellen (Last) Dull
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
LENGTH OF STAY (in this place) 17 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) York Twp.

DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1955 (Hour)

SEX female
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Harold
Age of husband or wife if alive years

DATE OF BIRTH Sept. 17, 1894
AGE (In years last birthday) 61
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME S. D. Lung

MOTHER'S MAIDEN NAME Cyrilla A. Lockard.

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED
DISCHARGED

NAME OF WAR
SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Harold Dull
Address Ligonier, Ind. RR2
Relationship to the deceased Husband.

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta
DATE Nov 11 1955
Location Kimmell
County Noble State Ind.

CAUSE OF DEATH Cerebral Hemorrhage
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. R. F. Stultz
Address Ligonier, Ind. Phone No.
SURVIVED BY Husband. Phone No.
son - Orval
2 granchildren
3 Bros.
Verley Lung - Goshen
Lloyd Lung - "
D. C. Lung - Rome City

RELIGION Protestant
CLERGYMAN
Address Phone No.
FUNERAL DATE ~~[illegible]~~ Nov. 11, 1955
TIME 2:00 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Max Wolf, Enoch Shisler, Malcolm Baker, Kenton Weaker, Darwin Hursey, Duane Shisler

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 22	Description Cloth State	Interior Egg Sh Satin
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Plush	Color Gray

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 445.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	520.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	520.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	83.50	
*Outer Case-Cost $ Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	158.50	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	158.50
Gross Profit on Funeral		367.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		7.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation . . .	
Funeral Facilities and Equipment . .	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
. . . .	
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
. . . .	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls . .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	445.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	520.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

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FEDERATED

23

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 113

9 Nov. 1955

Full name of deceased Vera Ellen Dull Age 61

Deceased is Wife (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 520.00
(B) Accommodation Items	$
Total (A & B)	$ 520.00
* (C) Additional items ordered later	$
Total Amount	$ 520.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

I. H. Dull
Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11-14-55	520.00	250.00	270.00
6-8-57	270.00	186.00	84.00
11/15/57	84.00	45.00	39.00
5/7/58	39.00	39.00	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 112

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Walter (Middle) Diamond (Last) Hutchison

CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Grange

STREET ADDRESS (If rural, give location) 207 S. Poplar

USUAL RESIDENCE (Where deceased lived. If institution residence before admission) STATE Indiana COUNTY Lagrange PHONE

PLACE OF DEATH COUNTY La Grange STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mongo

LENGTH OF STAY (in this place) 2 mos.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mark's Nursing Home

DATE OF DEATH (Month) November (Day) 3 (Year) 1955 (Hour) 7:50 AM

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife Effie

Age of husband or wife if alive years

DATE OF BIRTH Nov. 17, 1865

AGE (In years last birthday) 89

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

KIND OF BUSINESS OR INDUSTRY Farm owner

BIRTHPLACE (State or foreign country) Illinois

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME James B. Hutchison

MOTHER'S MAIDEN NAME Sarah Frances Robinson

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special instructions on this item)

Signature Claude Hutchison Waukegan, Ill.

Address

Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE Nov. 5 1955

Location Kimmell

County Noble State Indiana

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN

Address Phone No.

SURVIVED BY Phone No.

1 son – Claude – Waukegan Ill.

2 daughters – Mrs. Ruth Mattern, Chicago

Mrs. Frances Sunthimer LaGrange, Ind.

1 sister Mrs. Mae Berry – Provo, Utah

9 grandchildren

6 great grandchildren

RELIGION Protestant

CLERGYMAN Rev. Robert Wright

Address Cromwell Ind. Phone No.

FUNERAL DATE Sat. – Nov. 5, 1955

TIME 1:30 PM

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description Armco Iron	Interior Grey Satin
From M E Gurney	Mfrs. No.	Our Number	Finish Semi gloss
Cost before Cash Discount	Trimmed Complete	Covering	Color Grey

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 612.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	
Total	707.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	707.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	137.50	
*Outer Case-Cost $ Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	227.50	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	12.50	
	260.00	
Total Net Cost of Funeral	☞	260.00
Gross Profit on Funeral		447.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		87.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______

Outside Receptacle . . . . ______

Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______
Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . ______
R. R. Transportation . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______
Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______
Total (C) ______

Total Amount ______

763

TRIPLICATE
Form D F 22
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(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	612 00
Outside Receptacle	75 00
Clothing	
Foot Wear	
Total (A)	687 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 -
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FEDERATED

22

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 112

3 Nov. 5 195

Full name of deceased Walter D. Hutchison Age 89

Deceased is father of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 687 00
(B) Accommodation Items	$ 20 00
Total (A & B)	$ 707 00
* (C) Additional items ordered later It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.	$
Total Amount	$ 707 00

My, or our, preference for settlement is:

Terms 12% Discount if paid on or before Nov. 20, 1955

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full________________________________195____ Check Number__________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
11-4-55
JHm

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 111

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) John (Middle) C (Last) Deardoff
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE
PLACE OF DEATH COUNTY Noble STATE Indiana
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
LENGTH OF STAY (in this place) 3 mos.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mock Nursing Home
DATE OF DEATH (Month) October (Day) 28 (Year) 1955 (Hour) 10:30A.
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
Name of husband or wife
Age of husband or wife if alive years
DATE OF BIRTH July 22 1955
AGE (In years last birthday) 73
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman
KIND OF BUSINESS OR INDUSTRY Typewriter
BIRTHPLACE (State or foreign country) Wisconsin
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME William J Deardoff
MOTHER'S MAIDEN NAME Sarah E. Galloway
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)
SOCIAL SECURITY NO. none
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Alva Deardoff
Address Kimmell Ind RFD
Relationship to the deceased Brother
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE 30 Oct 1955
Location Kimmell
County Noble State Indiana

CAUSE OF DEATH Cerebral Hemorrhage
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. G. F. Stultz
Address Ligonier, Ind. Phone No.
SURVIVED BY Phone No.
2 Bros. Alva Deardoff of RFD Kimmell
Roscoe Deardoff, New Albany, Ind

RELIGION Protestant
CLERGYMAN Rev. Peter Quiring
Address Winona Lake Phone No.
FUNERAL DATE 30 October 1955
TIME 2:00 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS Gary Iden, Otto Miller
Clarence McFarren,

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description Solid oak	Interior 3 tone Crepe
From Hutton	Mfrs. No.	Our Number	Finish Semi gloss
Cost before Cash Discount	Trimmed Complete	Covering	Color Nut Brown

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 617.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	
C. Additional items ordered later	
Total	692.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	692.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	148.00	
*Outer Case-Cost $ Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	238.00	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	238.00
Gross Profit on Funeral		454.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		94.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(6-54)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Moore Funeral Home
Cromwell, Indiana

John Christian Deardorff
(NAME OF DECEASED)

553-22-1150
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-8 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

TRIPLICATE Form D F 22 Copyrighted F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	617.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
. . . .	692.00
Total (A)	

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

21

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

28 Oct No. 111 5

73 195

Full name of deceased John C. Deardorff Age

Deceased is Brother of person arranging services.
(Give relationship)

692.00

(A) Services, including merchandise . . .	$
(B) Accommodation Items	$
Total (A & B)	$
* (C) Additional items ordered later . . .	$ 692.00
Total Amount	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is: 2% Disc. if paid on or

Terms before 28 Nov. 1955

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ____________ 195___ Amt. $__________

Payment Received in Full ____________ 195___ Check Number ____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2-25-56	692 00	692 00	

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	60^{00}
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
Total (A)	60^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	5^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	5^{00}

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

2°

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 110

15 October 1955

Full name of deceased Infant Earnhart Age —

Deceased is daughter — of person arranging services. (Give relationship)

(A)	Services, including merchandise	$ 60^{00}
(B)	Accommodation Items	$ 5^{00}
	Total (A & B)	$ 65^{00}
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 65^{00}

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser

Signature of Co-purchaser

Signature of Co-purchaser

Signature of Co-purchaser

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Street Address City and State

Street Address City and State

Street Address City and State

Street Address City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12-3-55	65 00	25 00	40 00
	40 00	40 00	—

Pd in full
4-28-56

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 109

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Warren (Middle) Walter (Last) Hyndman

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

LENGTH OF STAY (in this place) 40 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) August (Day) 24 (Year) 1955 (Hour) 5 AM

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Oct. 18, 1872

AGE (In years last birthday) 82

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

KIND OF BUSINESS OR INDUSTRY Rail Road

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME William Hyndman Sr.

MOTHER'S MAIDEN NAME Amanda Rockey

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 713-09-3689

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Harry Hyndman

Address 4318 S. Wayne Ave. Ft. Wayne

Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal Cemetery Indian Village

DATE aug 29 1955

Location

County Noble State Indiana

CAUSE OF DEATH Senility

AUTOPSY YES ☐ NO ☑

PHYSICIAN Coroner John D. Hall

Address Kville, Ind. Phone No.

SURVIVED BY Phone No.

Harry Hyndman – Ft. Wayne

Mrs. Vera Fox – Ft. Wayne

1 sister Helena Wolfe – Ligonier

3 grandchildren 2 great grandchildren

4 Step – " 3 " "

RELIGION Protestant

CLERGYMAN Rev. G. L. Schrayer

Address Cromwell, Ind. Phone No

FUNERAL DATE Aug. 29, 1955

TIME 2:30 PM

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS Brotherhood of Carpenters Union

Maintenance of Way

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6-6 22	Description	Cloth State	Interior	Rose tan satin
From	M. E. Gurney	Mfrs. No.		Our Number		Finish	
Cost before Cash Discount		Trimmed Complete		Covering	Plush	Color	Rose

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 397.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	23.50
C.	Additional items ordered later	49.50
		~~49.250~~
	Total	545.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	545.00

REVENUE ITEMS AND THEIR COST

Cost of Casket				126.00	
*Outer Case-Cost	$	Selling Price	75.00	75.00	
*Embalming - "	$	" "			
*Clothing - - "	$	" "			
Livery				15.00	
Total				216.00	
Total Cash Advances				23.50	
Discount (if not figured in operation cost)					
Total Net Cost of Funeral				☞	239.50
Gross Profit on Funeral					305.50
**Less Operation Cost per Funeral					360.00
Net Profit or Loss Apparent					45.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation . . .	
Funeral Facilities and Equipment . .	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
. . . .	
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
. . . .	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls . . .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	397.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	472.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Death Cert-	3.50
Total (B)	23.50

(C) ADDITIONAL ITEMS ORDERED LATER

Disaster Buf	49.50
Total (C)	49.50
Total Amount	545.00

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

763

19

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 109

27 Aug 1955

Full name of deceased Warren W. Hyndman Age 82

Deceased is father of person arranging services. (Give relationship)

(A) Services, including merchandise	$ 472.00
(B) Accommodation Items	$ 23.50
Total (A & B)	$ 495.50
* (C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ ~~492.00~~ 545.00

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Pd in	full		
	9-10-55		
	BHM		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 108

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Alonzo (Middle) Acra (Last) Brown

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

STREET ADDRESS 0 (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Lagrange STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

LENGTH OF STAY (in this place) 5 wks

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lagrange Co. Hospital

DATE OF DEATH (Month) August (Day) 18 (Year) 1955 (Hour) 1:30 P.

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Lina

Age of husband or wife if alive years

DATE OF BIRTH Mar 30, 1887

AGE (In years last birthday) 68

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

KIND OF BUSINESS OR INDUSTRY Construction

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Samuel Brown

MOTHER'S MAIDEN NAME Susan Miller

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 303-14-4337

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Lina Brown

Address Cromwell Ind.

Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE 8-21- 1955

Location Cromwell

County Noble State Indiana

CEMETERY LOT NO. 413 Owner of Lot

Section Grave No.

SPECIAL REMARKS

CAUSE OF DEATH Carcinoma of Rectum

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. Paul G. Webster

Address Ligonier Ind. Phone No.

SURVIVED BY Wife - Lina Phone No.

2 daughters - Helen Weber, Albion

Martha Whitten, [illegible]

2 sons Don - Kendallville Dennis - Cromwell

14 grandchildren 5 great grandchildren

3 bros [illegible] - Cromwell - J. W. - Mishawaka

& George, St Paris, O. 2 sisters Goldie

Mansfield, Ligonier & Pearl McIntyre of

[illegible], Mich.

RELIGION Protestant

CLERGYMAN Rev. [illegible]

Address Cromwell Phone No.

FUNERAL DATE Aug 21 1955

TIME 2:00 P.M. Sun.

PLACE [illegible] Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Grandchildren

FUNERAL DIRECTED BY [illegible] License No. 1752

EMBALMER'S LICENSE NO. 4150

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	66 23	Description	Armco Iron	Interior	Eggshell satin
From	M. E. Gurney	Mfrs. No.		Our Number		Finish	Semi gloss
Cost before Cash Discount		Trimmed Complete		Covering		Color	Grey

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 535.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
		630.00
	Total	
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	630.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	10.70	
Total Net Cost of Funeral	☞	235.70
Gross Profit on Funeral		394.30
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		34.30

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______
Outside Receptacle . . . . ______
Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______
Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______
Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______
Total (C) ______

Total Amount ______

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY

SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Alonzo Acra Brown
(Name of deceased wage earner)

303-14-4337
(Account number)

ENCLOSURE:

(You may detach here and save top portion for your files)

763

18

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	535^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
Total (A)	610^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No 108

18 Aug 1955

Full name of deceased Alonzo A. Brown Age 68

Deceased is Husband of person arranging services. (Give relationship)

(A) Services, including merchandise	$ 610^{00}
(B) Accommodation Items	$ 20^{00}
Total (A & B)	$ 630^{00}
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 630^{00}

My, or our, preference for settlement is:

Terms Disc. 10^{00} if pd in full on or before Sept 3, 1955

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ____________ 195___ Amt. $________

Payment Received in Full ____________ 195___ Check Number ____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8-24-55	619 30	619 30	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 107

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Harvey (Middle) Howard (Last) Houtz

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

STREET ADDRESS (If rural, give location) Jefferson St.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

LENGTH OF STAY (in this place) 55 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jefferson St.

DATE OF DEATH (Month) Aug. (Day) 2 (Year) 1955 (Hour) 11:00 PM

SEX Male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Bessie

Age of husband or wife if alive years

DATE OF BIRTH 1874

AGE (In years last birthday) 80

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

KIND OF BUSINESS OR INDUSTRY Stove

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME John Houtz

MOTHER'S MAIDEN NAME Julia Ann Upson

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 303-10-8134

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special instructions on this item)

Signature

Address

Relationship to the deceased

PLACE OF BURIAL Cremation or Removal

Cemetery Oak Park

DATE Aug 5 1955

Location Ligonier

County Noble State Indiana

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. J. B. Schutt

Address Ligonier Phone No.

SURVIVED BY Phone No.

widow - Bessie M.

1 son Neal 7.

RELIGION Protestant

CLERGYMAN Rev. Robt Wright & Rev. R. E. Maynard

Address Phone No.

FUNERAL DATE August 5, 1955 - Friday

TIME 2:00 PM

PLACE L. H Moore

FRATERNAL AFFILIATIONS

SINGERS

BEARERS O W Griffith, Dale Hursey
Ed Summers, John Smith
Harvey Hull, George Krueger

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6-6 · 23	Description	Solid oak	Interior	3 Tone Crepe
From	Batesville	Mfrs. No.		Our Number		Finish	Polished
Cost before Cash Discount		Trimmed Complete		Covering		Color	Nut Brown

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 617.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	692 00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	692.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	148.00	
*Outer Case-Cost $ 45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	238 00	
Total Cash Advances	12.34	
Discount (if not figured in operation cost)	250 34	
Total Net Cost of Funeral	☞	250.34
Gross Profit on Funeral		441.66
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		81.66

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

Outside Receptacle

Clothing
Foot Wear

Total (A)

(B) ACCOMMODATION ITEMS

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Harvey Howard Honty
(Name of deceased wage earner)

303-10-8134
(Account number)

ENCLOSURE:

(You may detach here and save top portion for your files)

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	617 00
Outside Receptacle	75 00
Clothing	
Foot Wear	
Total (A)	692 00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

17

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 107

3 Aug 1955

Full name of deceased Harvey H. Hontz Age 80

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 692 00
(B)	Accommodation Items	$
	Total (A & B)	$ 692 00
* (C)	Additional items ordered later	$
	It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.	
	Total Amount	$ 692 00

My, or our, preference for settlement is:

Terms $12 35 discount if pd in full on or before 18 Aug 1955

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________195____ Amt. $________

Payment Received in Full________195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7-17-55	679 66	679 66	
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 106

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Lovina (Middle) Jane (Last) Klingaman
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Turkey Creek Twp
STREET ADDRESS (If rural, give location) Lake Wawasee
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Indiana COUNTY Kosciusko PHONE

PLACE OF DEATH COUNTY Kosciusko STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Turkey Creek
LENGTH OF STAY (in this place) 57 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) July (Day) 27 (Year) 1955 (Hour)
SEX female
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife Isiah
Age of husband or wife if alive years
DATE OF BIRTH Dec. 31 1863
AGE (In years last birthday) 91
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A
FATHER'S NAME Jonathan Stump
MOTHER'S MAIDEN NAME Kathryn Nusbaum
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)
SOCIAL SECURITY NO. none
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Milo Klingaman son
Relationship to the deceased
Address Syracuse Ind. RR 2
PLACE OF BURIAL Cremation or Removal
Cemetery McClintic DATE 7-29 1955
Location Lake Wawasee
County Kosciusko State Indiana

CAUSE OF DEATH Hypertensive Heart Disease
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. F. O. Clark
Address Syracuse Phone No.
SURVIVED BY Phone No.
Mrs Cassie [illegible] - [illegible] Ind.
Jonathan Klingaman - [illegible], Ky.
Milo Klingaman - Lake Wawasee
Herschel Klingaman - Sister Lakes, Mich
Armond " - Toledo
8 grand children
4 Great grand children
1 Brother James Stump - Chicago

RELIGION Protestant
CLERGYMAN Rev. Robert Wright
Address Phone No.
FUNERAL DATE Friday July 29, 1955
TIME 1:30 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 — 23	Description Solid oak	Interior Rose Tan Crepe
From Kohle	Mfrs. No.	Our Number	Finish Semi Gloss
Cost before Cash Discount	Trimmed Complete	Covering	Color Nut Brown

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 561.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	
Total	656 00
Amount Paid - Cash -	
Balance	656.00

Terms:

Selling Price of This Funeral Service	☞	656.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	116.35	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	206.35	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	· 11.25	
Total Net Cost of Funeral	☞	237.60
Gross Profit on Funeral		418.40
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		58.40

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car or Sedan		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Foot Wear		
Total (A)		

(B) ACCOMMODATION ITEMS

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		

763

16

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	561^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
. . . .	
Total (A)	636^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	20^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 106

27 July 1955

Full name of deceased Lavina Jane Klingaman Age 91

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise . . .	$ 636^{00}
(B)	Accommodation Items	$ 20^{00}
	Total (A & B)	$ 656^{00}
* (C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 656^{00}

My, or our, preference for settlement is:

Terms Discount of 11^{25} if paid on or before Aug 11, 1955

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Pd in full			
	8-11-55		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 105

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Clark (Middle) Anderson (Last) Myers

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp.

STREET ADDRESS (If rural, give location) Washington Twp ~~Ind~~

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Kosciusko STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warsaw

LENGTH OF STAY (In this place) 5 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mc Donald Hospital

DATE OF DEATH (Month) July (Day) 17 (Year) 1955 (Hour) 5:00 AM

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Feb. 8, 1862

AGE (In years last birthday) 93

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick mason

KIND OF BUSINESS OR INDUSTRY retired

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Maximum Myers

MOTHER'S MAIDEN NAME Catherine Davis

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Luella Colbeck

Address Cromwell Ind.

Relationship to the deceased niece

PLACE OF BURIAL Cremation or Removal Cemetery Salem

DATE 7-19 1955

Location Washington Twp.

County Noble State Ind.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Stalter

Address North Webster Phone No.

SURVIVED BY 2 grandsons Phone No.

12 nieces & nephews

RELIGION Protestant

CLERGYMAN

Address Phone No.

FUNERAL DATE July 19, 1955

TIME 2:00 PM

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise $
Outside Receptacle
(Kind)
B. Cash Advanced for Accommodation Items
C. Additional items ordered later

Total
Amount Paid - Cash -
Balance

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket
*Outer Case-Cost $ Selling Price
*Embalming - " $ " "
*Clothing - - " $ " "
Livery

Total

Total Cash Advances
Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞
Gross Profit on Funeral
**Less Operation Cost per Funeral
Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

Outside Receptacle

Clothing
Foot Wear

Total (A)

(B) ACCOMMODATION ITEMS

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

FEDERATED

15

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 105

July 18 1955

Full name of deceased Clark Anderson Myers Age 93

Deceased is Uncle (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$150.00
(B)	Accommodation Items	$20.00
	Total (A & B)	$170.00
* (C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $170.00

My, or our, preference for settlement is:

Terms Noble Co. Welfare Burial

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Luella Calbeck
Signature of Purchaser

Address

Cromwell Ind
City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	150.00
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
Total (A)	150.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	20.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
9-2-55	170 00	170 00	

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 104

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Douglas (Middle) R. (Last) Heintzleman

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH COUNTY Lagrange STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lagrange Co. Hosp.

DATE OF DEATH (Month) July (Day) 7 (Year) 1955 (Hour)

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH July 7, 1955

AGE (In years last birthday)

If Under 1 Year: Months Days

If Under 24 Hrs.: Hours 3 Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Roger Heintzleman

MOTHER'S MAIDEN NAME Charlene Horn

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address

Relationship to the deceased

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta
Location Kimmell, Ind.
County Noble
State Indiana

DATE July 8 1955

CAUSE OF DEATH Prematurity

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. P. L. Webster

Address Ligonier Phone No

SURVIVED BY Parents. Phone No.

Grandparents Joe + Jean Horn

Mr + Mrs. L. E. Heintzleman

RELIGION Protestant.

CLERGYMAN Rev. G. L. Schrayer

Address Cromwell Phone No.

FUNERAL DATE July 8, 1955

TIME 10:00 A.M.

PLACE Graveside

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $
Outside Receptacle ________
(Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total
Amount Paid - Cash - ________
Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ________ ________
*Outer Case-Cost $______ Selling Price ______ ________
*Embalming - " $______ " " ______ ________
*Clothing - - " $______ " " ______ ________
Livery ________ ________

Total

Total Cash Advances ________ ________
Discount (if not figured in operation cost) ________ ________

Total Net Cost of Funeral ☞ ________
Gross Profit on Funeral ________ ________
**Less Operation Cost per Funeral ________ ________
Net Profit or Loss Apparent ________ ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ________
Preparation and Preservation . . . ________
Funeral Facilities and Equipment . . ________
Visitors Register . . . . ________
Acknowledgment Cards . . . . . ________
Funeral Car or Sedan . . . . . ________
Casket Coach . . . . ________
Casket . . . . ________
. . . . ________

Outside Receptacle . . . . ________

Clothing . . . . ________
Foot Wear . . . . ________
. . . . ________
. . . . ________

Total (A) ________

(B) ACCOMMODATION ITEMS

Tax . . . . ________
Cemetery Charges . . . . ________
Additional Autos . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls . . ________
R. R. Transportation . . . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . ________
Obituary Notices . . . . ________
. . . . ________
. . . . ________

Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (C) ________

Total Amount ________

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(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	60.00
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	5.00
Clergyman	
Special Music	
Obituary Notices	
Total (B)	65.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

FEDERATED

14

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 104

8 July 1955

Full name of deceased Douglas R. Heinzelman Age –

Deceased is son (Give relationship) of person arranging services.

(A)	Services, including merchandise	$60.00
(B)	Accommodation Items	$5.00
	Total (A & B)	$
* (C)	Additional items ordered later	$
		Total Amount $65.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________195____ Check Number______________

Individual Payments Received as follows:

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 103

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Stephanie (Middle) (Last) McFarren

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendallville

LENGTH OF STAY (in this place) —

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCray Memorial Hospital

DATE OF DEATH (Month) June (Day) 23 (Year) 1955 (Hour)

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH June 22

AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Max McFarren

MOTHER'S MAIDEN NAME Dorothy Baker

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address

Relationship to the deceased

PLACE OF BURIAL

Cremation or Removal

Cemetery Sparta

DATE June 24 1955

Location Kimmell

County Noble

State Ind.

CAUSE OF DEATH Asphyxia

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr Bowman

Address Albion

Phone No.

SURVIVED BY Parents

Grandparents & Great Grandparents

Phone No.

RELIGION Protestant

CLERGYMAN Rev. M B Spacht

Address Kimmell

Phone No.

FUNERAL DATE June 24, 1955

TIME 2:00 P m

PLACE Graveside

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO.

Owner of Lot

Section

Grave No.

FUNERAL DIRECTED BY L H Moore

License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise $

Outside Receptacle (Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total

Amount Paid - Cash -

Balance

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket

*Outer Case-Cost $ Selling Price

*Embalming - " $ " "

*Clothing - - " $ " "

Livery

Total

Total Cash Advances

Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞

Gross Profit on Funeral

**Less Operation Cost per Funeral

Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . .
Preparation and Preservation . . .
Funeral Facilities and Equipment . .
Visitors Register . . . .
Acknowledgment Cards . . . . .
Funeral Car or Sedan . . . . . .
Casket Coach . . . .
Casket . . . .
. . . .

Outside Receptacle . . . .

Clothing . . . .
Foot Wear . . . .
. . . .
. . . .

Total (A)

(B) ACCOMMODATION ITEMS

Tax . . . .
Cemetery Charges . . . .
Additional Autos . . . .
Telegrams . . . .
Long Distance Telephone Calls . .
R. R. Transportation . . . . . .
Flowers . . . .
Clergyman . . . .
Special Music . . . .
Obituary Notices . . . .
. . . .
. . . .

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .
. . . .
. . . .
. . . .
. . . .

Total (C)

Total Amount

763

13

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	60 00
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	60 00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	5 00
Clergyman	
Special Music	
Obituary Notices	
Total (B)	65 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 163

23 June 1955

Full name of deceased Stephanie McFarren Age —

Deceased is daughter (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 60 00
(B) Accommodation Items	$ 5 00
Total (A & B)	$ 65 00
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 65 00

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Max McFarren
Signature of Purchaser

RR #1
Address

Kimmell, Ind.
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________195____ Amt. $________

Payment Received in Full________195____ Check Number________

Individual Payments Received as follows:

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 102

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Willis (Middle) A. (Last) Earnhart

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location) Rural

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sparta Twp. LENGTH OF STAY (in this place) 77 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) May (Day) 11 (Year) 1955 (Hour) 4:00 P.M.

SEX male COLOR OR RACE white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Feb. 20-1878 AGE (In years last birthday) 77 If Under 1 Year Months Days If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming KIND OF BUSINESS OR INDUSTRY Farm owner

BIRTHPLACE (State or foreign country) Ind. CITIZEN OF WHAT COUNTRY? USA

FATHER'S NAME Nelson Earnhart

MOTHER'S MAIDEN NAME Loutta Heffner

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of ser.) SOCIAL SECURITY NO. 308-28-2555

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Otis Earnhart

Address RR# 2 Ligonier, Ind. Relationship to the deceased Son

PLACE OF BURIAL Cremation or Removal Cemetery Sparta DATE 5-13 1955

Location Kimmell

County Noble State Indiana

CAUSE OF DEATH Uremia

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. P. L. Webster

Address Ligonier, Ind. Phone No.

SURVIVED BY Phone No.

1 son Otis 1 step grand son

2 brothers

Arby Earnhart Green Twp. Noble Co.

Glen Earnhart, Cromwell

1 sister

~~Mrs~~ Pearl Jones, Indianapolis

RELIGION Protestant.

CLERGYMAN Rev. M. B. Specht

Address Kimmell Phone No.

FUNERAL DATE May 13, 1955

TIME 2:00 PM

PLACE L H Moore

FRATERNAL AFFILIATIONS K. of P. of Cromwell

SINGERS

BEARERS Keith Slabaugh, Everett Baker, Fred Harper, Howard Bitner, Russell Weaker, Earl Galloway,

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6-6 22	Description	Cloth State	Interior	Rose Tan Satin
From	M. E. Gurney	Mfrs. No.		Our Number		Finish	
Cost before Cash Discount		Trimmed Complete		Covering	Rose Plush	Color	Rose

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 397.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total	492.00
	Amount Paid - Cash -	
	Balance	492.00

Terms:

Selling Price of This Funeral Service	☞	492.00

REVENUE ITEMS AND THEIR COST

Cost of Casket			76.50	
*Outer Case-Cost	$45.00	Selling Price 75.00	75.00	
*Embalming - "	$	" "		
*Clothing - - "	$	" "		
Livery			15.00	
Total			166.50	
Total Cash Advances			20.00	
Discount (if not figured in operation cost)				
Total Net Cost of Funeral			☞	186.50
Gross Profit on Funeral				305.50
**Less Operation Cost per Funeral				360.00
Net Profit or Loss Apparent				54.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R288.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Willis A. Earnhart
(Name of deceased wage earner)

308-28-2555
(Account number)

ENCLOSURE:

(You may detach here and save top portion for your files)

TRIPLICATE

Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	397.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
. . . .	
Total (A)	472.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	20.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

12

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 102

11 May 1955

Full name of deceased Willie A. Earnhart Age 77

Deceased is father of person arranging services.
(Give relationship)

(A)	Services, including merchandise . . .	$ 472.00
(B)	Accommodation Items	$ 20.00
	Total (A & B)	$ 492.00
* (C)	Additional items ordered later . . .	$
	Total Amount	$ 492.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Paid in full
6-4-55

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 101

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Helen (Middle) (none) (Last) McMann

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wolf Lake

LENGTH OF STAY (in this place) 5 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital

DATE OF DEATH (Month) May (Day) 10 (Year) 1955 (Hour)

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

Name of husband or wife Perry

Age of husband or wife if alive years

DATE OF BIRTH April 13, 1874

AGE (In years last birthday) 81

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ind.

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME unknown

MOTHER'S MAIDEN NAME unknown

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Carl McMann

Address 337 Dante St. So. Bend.

Relationship to the deceased Son

PLACE OF BURIAL

Cremation or Removal

Cemetery Sparta

DATE 5-12 1955

Location Kimmell

County Noble State Indiana

CAUSE OF DEATH Coronary sclerosis

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. O. F. Stultz

Address Ligonier Phone No.

SURVIVED BY Phone No.

1 son Carl McMann of So Bend.

RELIGION Protestant

CLERGYMAN Rev. G. F. Schrayer

Address Cromwell Phone No.

FUNERAL DATE May 12, 1955

TIME 2:00 PM

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Lloyd Leamon, Stat Leamon,
James Campbell, Eugene Mancha
Gerald Secrist, Allan Hutsel

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. ~~4180~~ 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 22	Description Cloth State	Interior Eggshell Satin
From M. E. Gunny	Mfrs. No.	Our Number	Finish ″
Cost before Cash Discount	Trimmed Complete	Covering Grey Plush	Color

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 415.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total	510 00
	Amount Paid - Cash -	
	Balance	510.00

Terms:

Selling Price of This Funeral Service	☞	510.00

REVENUE ITEMS AND THEIR COST

Cost of Casket		83.50	
*Outer Case-Cost $45.00 Selling Price 75.00		75.00	
*Embalming - " $ " "			
*Clothing - - " $ " "			
Livery			
Total		158.50	
Total Cash Advances		20.00	
Discount (if not figured in operation cost)		10.00	
Total Net Cost of Funeral	☞		188.50
Gross Profit on Funeral			321.50
**Less Operation Cost per Funeral			360.00
Net Profit or Loss Apparent			38.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car or Sedan		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Foot Wear		
Total (A)		

(B) ACCOMMODATION ITEMS

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		

ORIGINAL

$300.00

Date 5-26-55

FEDERATED FUNERAL DIRECTORS OF AMERICA

Nº 278

Received of Carl Mc Mann

The sum of Three Hundred and 00/00 Dollars

Name of deceased Helen Mc Mann

Last Balance $300.00

Payment $300.00

New Balance $Pd in full

[illegible] 10.00

L. H. MOORE FUNERAL HOME

By L H Moore

THANK YOU

FORM OA-C721
(11-53)

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Helen Mc Mann
(NAME OF DECEASED)

unknown
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	415^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
Total (A)	490^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20^{00}

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

11

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 101

18 May 1955

Full name of deceased Helen Mc Brann Age 81

Deceased is mother of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 490^{00}
(B) Accommodation Items	$ 20^{00}
Total (A & B)	$ 540^{00}
* (C) Additional items ordered later It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.	$
Total Amount	$ 540^{00}

My, or our, preference for settlement is:

Terms Disc of 8^{00}_{10} if paid on or before 26 May 1955

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By Lloyd H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No 106

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Samuel (Middle) Henry (Last) Galloway
STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
LENGTH OF STAY (in this place)
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Washington Twp Noble Co.
DATE OF DEATH (Month) April (Day) 14 (Year) 1955 (Hour) 12:50P
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Jennie
Age of husband or wife if alive years
DATE OF BIRTH 20 Sept. 1886
AGE (In years last birthday) 68
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
KIND OF BUSINESS OR INDUSTRY Farm owner
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? USA
FATHER'S NAME John Galloway
MOTHER'S MAIDEN NAME Elija Brown
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. 311-38-7770
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Jennie Galloway
Address Kimmell Ind RR1
Relationship to the deceased wife
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE 16 April 1955
Location Kimmell
County Noble State Indiana

CAUSE OF DEATH Suicide by hanging
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. John D. Hall
Address Phone No.
SURVIVED BY Phone No.
widow - Jennie
3 sisters Mrs. Rosa Wilkinson
Mrs. Sarah E. Prentice
Miss Etta Galloway, Warsaw, Ind.

RELIGION Methodist
CLERGYMAN Rev. Peter Gunning
Address Winona Lake Phone No.
FUNERAL DATE 16 April 1955 Sat.
TIME 2:00 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS
Masons
SINGERS
BEARERS Ed Summers Neal Hontz, Harlan Miller
Abie Stump, A. P. Wiley, Ed Summers.

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY License No.
EMBALMER'S LICENSE NO.
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6-23	Description Armco Iron	Interior Rose Beige Velvet
From M. E. Gurney	Mfrs. No.	Our Number	Finish Polished
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 770.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	
Total	865.00
Amount Paid - Cash -	
Balance	865.00

Terms:

Selling Price of This Funeral Service	☞	865.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	194.50	
*Outer Case-Cost $ 45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	269.50	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	23.10	
Total Net Cost of Funeral	☞	312.60
Gross Profit on Funeral		552.40
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		192.40

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(11-53)

FORM APPROVED.
BUDGET BUREAU NO. 72-R281.2.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Samuel Henry Galloway
(NAME OF DECEASED)

311-38-7770
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	770.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
. . . .	
Total (A)	845.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	20.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

10

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 100

14 April 1955

Full name of deceased Samuel H. Galloway Age 68

Deceased is Husband of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$845.00
(B)	Accommodation Items	$20.00
	Total (A & B)	$865.00
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $865.00

My, or our, preference for settlement is:

Terms Discount of $23.00 if pd in full
On or before May 14, 1955 Net 60 days
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full 5-11-55		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 99

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Oscar (Middle) Lemuel (Last) Conner

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sparta Twp.

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

LENGTH OF STAY (In this place) 5 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Noble County Home

DATE OF DEATH (Month) March (Day) 23 (Year) 1955 (Hour) 2:05 PM

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Sept 4, 1867

AGE (In years last birthday) 87

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Amos Conner

MOTHER'S MAIDEN NAME Emily Green

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this Item)

Signature Mrs. Edna Goppert

Address Cromwell, Ind.

Relationship to the deceased niece

PLACE OF BURIAL Cremation or Removal

Cemetery Byers

DATE Mar 26 1955

Location ~~Sp~~ Turkey Creek Twp

County Kosciusko State Ind.

CAUSE OF DEATH Uremia

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. G + Stultz

Address Ligonier, Ind. Phone No.

SURVIVED BY Phone No.

1 Brother LeRoy Conner, Union City, In

RELIGION Protestant.

CLERGYMAN Rev H. F. Schwyer

Address Cromwell Phone No.

FUNERAL DATE March 25, 1955

TIME 2:00 PM

PLACE L H Moore

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Frank Harper John Case
Delos Maggart / Clarence Wright
Owen Kohli, Bill Goppert

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1252

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $
Outside Receptacle ________
(Kind)
B. Cash Advanced for Accommodation Items ________
C. Additional items ordered later ________ ________

Total
Amount Paid - Cash - ________
Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket			
*Outer Case-Cost	$	Selling Price	
*Embalming - "	$	" "	
*Clothing - - "	$	" "	
Livery			
Total			

Total Cash Advances ________
Discount (if not figured in operation cost) ________

Total Net Cost of Funeral ☞ ________
Gross Profit on Funeral ________
**Less Operation Cost per Funeral ________
Net Profit or Loss Apparent ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ________
Preparation and Preservation . . ________
Funeral Facilities and Equipment . . ________
Visitors Register . . . . ________
Acknowledgment Cards . . . . . ________
Funeral Car or Sedan . . . . . . ________
Casket Coach . . . . ________
Casket . . . . ________
. . . . ________

Outside Receptacle . . . . ________

Clothing . . . . ________
Foot Wear . . . . ________
. . . . ________
. . . . ________
Total (A) ________

(B) ACCOMMODATION ITEMS

Tax . . . . ________
Cemetery Charges . . . . ________
Additional Autos . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls . . . ________
R. R. Transportation . . . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . ________
Obituary Notices . . . . ________
. . . . ________
. . . . ________
Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________
Total (C) ________

Total Amount ________

Prescribed by State Department
of Public Welfare

DPW Form 33
(Revised April 1949)

TO THE COUNTY DEPARTMENT OF PUBLIC WELFARE
OF Noble COUNTY

APPLICATION
NUMBER
Type Code Serial

APPLICATION FOR FUNDS TO DEFRAY BURIAL COSTS
(AGED OR BLIND RECIPIENT)

Name of deceased Sherman Lemuel Conner Address Noble County Home

Total cost of funeral director's expenses . . . . $ 150.00

Total cost of cemetery expenses . . . . $ 15.00

Paid or to be paid by: (Entry is required for each of the following items. If none, so specify on each line.)

	Funeral Director	Cemetery
Insurance or Bank Balance	$	$
Fraternal Organization	$	$
Relatives or Friends	$	$
Other (Specify)	$	$
TOTAL	$	$

Total paid or to be paid by other than the county department . . . . $ X

Total amount requested from county department . . . . Funeral Director $ 150.00
Cemetery Expense $ 15.00
TOTAL . . . . . $ 165.00

State of Indiana
County of ____________ } SS

I, ____________, the undersigned, being sworn according to law, say that the above is a just and true account of services rendered and materials furnished, that the sum mentioned represents the entire and only sum that will be charged or collected for the said funeral director and/or burial expenses, including all services, incidentals, disbursements, or payments of any kind in connection with the disposition of the body of the deceased, that to the best of my knowledge and belief sufficient funds to defray the total cost are not available from other sources, and that if public funds requested are granted, no further payment will be requested or accepted.

(Seal)

Subscribed and Sworn to before me this

______ day of ____________ 19____

____
Notary Public

My commission expires ____________

Signed Lloyd H Moore
Funeral Director and/or Cemetery Authority

Address Cromwell, Ind.

Make two copies
1. Claimant files sworn original with the County Department and
2. Keeps one copy

(Claimant must also file claim on Revised County (Blank) Form No. 17)

D 8-1-49

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	150 00
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	150 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

9

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 99

March 24 1955

Full name of deceased Oscar L. Connor Age 87

Deceased is Uncle (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 150 00
(B)	Accommodation Items	$
	Total (A & B)	$
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 150 00

My, or our, preference for settlement is:

Terms Noble Co. Welfare!

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

RECORD OF FUNERAL

No. 98

BURIAL PERMIT NO. 73

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Harland (Middle) L. (Last) Lung

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

LENGTH OF STAY (in this place) 4 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) March (Day) 20 (Year) 1955 (Hour) 2:00 AM

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Dec. 14 1882

AGE (In years last birthday) 73

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? USA

FATHER'S NAME Steven D. Lung

MOTHER'S MAIDEN NAME Alley —

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. -

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Lee Harold Dull — Brother-in-law.

Address

Relationship to the deceased

PLACE OF BURIAL

Cremation or Removal

Cemetery West Goshen

DATE Mar 24 1955

Location Goshen

County Elkhart State Indiana

CAUSE OF DEATH Apoplexy Brain

AUTOPSY YES ☐ NO ☒

PHYSICIAN Coroner Dr. John O. Hall

Address Phone No.

SURVIVED BY Sister Vera Dull Phone No.

3 Bros. V. C. Lung, Goshen

W. C. Lung, Rome City

Floyd Lung, Goshen

RELIGION Protestant

CLERGYMAN

Address Phone No.

FUNERAL DATE March 24, 1955

TIME 2:00 PM

PLACE Grave side service

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1754

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

RECORD OF FUNERAL

No. 98

BURIAL PERMIT NO.: 73
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Harland (Middle) L. (Last) Lung
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimmell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimmell
LENGTH OF STAY (in this place) 4 yrs
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) March (Day) 20 (Year) 1955 (Hour) 2:00 AM
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Name of husband or wife
Age of husband or wife if alive years
DATE OF BIRTH Dec. 14 1882
AGE (In years last birthday) 73
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
KIND OF BUSINESS OR INDUSTRY Retired
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? USA
FATHER'S NAME Steven D. Lung
MOTHER'S MAIDEN NAME Alley —
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO.
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Per Harold Dull — Brother-in-law
Address
Relationship to the deceased
PLACE OF BURIAL Cremation or Removal
Cemetery West Goshen
DATE Mar 24 1955
Location Goshen
County Elkhart State Indiana

CAUSE OF DEATH Apoplexy Brain
AUTOPSY YES ☐ NO ☒
PHYSICIAN Coroner Dr. John O. Hall
Address Phone No.
SURVIVED BY Sister Vera Dull Phone No.
3 Bros. V. C. Lung, Goshen
W. C. Lung, Rome City
Floyd Lung, Goshen

RELIGION Protestant
CLERGYMAN
Address Phone No.
FUNERAL DATE March 24, 1955
TIME 2:00 PM
PLACE Grave side service
FRATERNAL AFFILIATIONS
SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1754
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ______ $
Outside Receptacle ______
(Kind)

B. Cash Advanced for Accommodation Items ______

C. Additional items ordered later ______ ______

Total
Amount Paid - Cash - ______
Balance

Terms: ______

Selling Price of This Funeral Service ______ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ______
*Outer Case-Cost $______ Selling Price ______
*Embalming - " $______ " " ______
*Clothing - - " $______ " " ______
Livery ______

Total

Total Cash Advances ______
Discount (if not figured in operation cost) ______

Total Net Cost of Funeral ☞ ______
Gross Profit on Funeral ______
**Less Operation Cost per Funeral ______
Net Profit or Loss Apparent ______

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______

Outside Receptacle . . . . ______

Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______

Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______

Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______

Total (C) ______

Total Amount ______

Prescribed by State Department
of Public Welfare

DPW Form 33
(Revised April 1949)

TO THE COUNTY DEPARTMENT OF PUBLIC WELFARE
OF Noble COUNTY

APPLICATION
NUMBER ____________
Type Code Serial

APPLICATION FOR FUNDS TO DEFRAY BURIAL COSTS
(AGED OR BLIND RECIPIENT)

Name of deceased Harland L. Long Address Kimmell, Ind.

Total cost of funeral director's expenses . . . . $ 150^{00}

Total cost of cemetery expenses . . . . $ 25^{00}

Paid or to be paid by: (Entry is required for each of the following items. If none, so specify on each line.)

	Funeral Director	Cemetery
Insurance or Bank Balance	$	$
Fraternal Organization	$	$
Relatives or Friends	$	$
Other (Specify)	$	$
TOTAL	$	$

Total paid or to be paid by other than the county department . . . . $ X

Total amount requested from county department . . . . Funeral Director $ 150^{00}
Cemetery Expense $ 25^{00}

TOTAL . . . . . $ 175^{00}

State of Indiana)
County of ____________) SS

I, ____________, the undersigned, being sworn according to law, say that the above is a just and true account of services rendered and materials furnished, that the sum mentioned represents the entire and only sum that will be charged or collected for the said funeral director and/or burial expenses, including all services, incidentals, disbursements, or payments of any kind in connection with the disposition of the body of the deceased, that to the best of my knowledge and belief sufficient funds to defray the total cost are not available from other sources, and that if public funds requested are granted, no further payment will be requested or accepted.

(Seal)

Subscribed and Sworn to before me this

______ day of ____________ 19____

____
Notary Public

My commission expires ____________

Signed Lloyd H. Moore
Funeral Director and/or Cemetery Authority

Address Cromwell, Ind.

Make two copies
1. Claimant files sworn original with the County Department and
2. Keeps one copy

(Claimant must also file claim on Revised County (Blank) Form No. 17)

D 8-1-49

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	150.00
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	150.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

9

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 98

22 March 1955

Full name of deceased Harland L. King Age 73

Deceased is ______ (Give relationship) of person arranging services.

(A) Services, including merchandise	$150.00
(B) Accommodation Items	$
Total (A & B)	$150.00
* (C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$150.00

My, or our, preference for settlement is:

Terms Noble County Welfare

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser. — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(11-53)

FORM APPROVED.
BUDGET BUREAU NO. 72-R[illegible]

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Cecil William Johnson
(NAME OF DECEASED)

713-07-8526
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 97

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Cecil (Middle) William (Last) Johnson

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

LENGTH OF STAY (in this place) 9 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) March (Day) 21 (Year) 1955 (Hour) 7:50 A.

SEX Male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Grace

Age of husband or wife if alive years

DATE OF BIRTH July 1, 1907

AGE (In years last birthday) 47

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Worker

KIND OF BUSINESS OR INDUSTRY Building

BIRTHPLACE (State or foreign country) Missouri

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Charles Johnson

MOTHER'S MAIDEN NAME Etta Newbury

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 713-07-8526

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address

Relationship to the deceased

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE Mar. 23 1955
Location Kimmell, Ind.
County Noble State Indiana

CEMETERY LOT NO. 161 Owner of Lot
Section Grave No. 4

CAUSE OF DEATH Gunshot wound left chest 12 ga.

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. John D. Hall

Address Kimmell, Ind. Phone No.

SURVIVED BY wife - Grace Phone No.

2 sons Cecil W. Jr. & Raymond W. - Goshen

2 grandchildren

7 Bros. & 4 Sisters

RELIGION Protestant

CLERGYMAN Rev. K. E. Maynard.

Address Nies Buddington Ind. Phone No.

FUNERAL DATE Mar. 23, 1955

TIME 2.00 PM

PLACE Cromwell Methodist Church

FRATERNAL AFFILIATIONS
Eagles Lodge, Goshen

SINGERS

BEARERS

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 418C

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6'-6" 23"	Description Armco Iron	Interior Gr. Satin
From M. E. Gunny	Mfrs. No.	Our Number	Finish Gray polished
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise	$	612.00
Outside Receptacle (Kind)		75.00
B. Cash Advanced for Accommodation Items		
C. Additional items ordered later		
Total		687.00
Amount Paid - Cash -		
Balance		687.00

Terms:

Selling Price of This Funeral Service	☞	687.00

REVENUE ITEMS AND THEIR COST

Cost of Casket		142.50	
*Outer Case-Cost $45.00 Selling Price 75.00		75.00	
*Embalming - " $ " "			
*Clothing - - " $ " "			
Livery		15.00	
Total		232.50	
Total Cash Advances			
Discount (if not figured in operation cost)			
Total Net Cost of Funeral	☞		232.50
Gross Profit on Funeral			454.50
**Less Operation Cost per Funeral			360.00
Net Profit or Loss Apparent			94.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______

Outside Receptacle . . . . ______

Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______

Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______

Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______

Total (C) ______

Total Amount ______

TRIPLICATE

Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	612.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	687.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

7

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 97

March 21 1955

Full name of deceased Cecil W. Johnson Age

Deceased is Father of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$687.00
(B)	Accommodation Items	$
	Total (A & B)	$687.00
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $687.00

My, or our, preference for settlement is:

Terms $12.25 discount if paid on or before April 5, 1955. Net 30 Days.

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

	Signature of Purchaser	
	Address	
	City	State
Raymond D. Johnson Signature of Co-purchaser	R R 2 Street Address	[illegible] City and State
Cecil W. Johnson Jr. Signature of Co-purchaser	308 W. Third Street Address	Ligonier City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full______________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 96

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Ethel (Middle) L. (Last) Prentice

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Sparta Twp.

LENGTH OF STAY (in this place) 25 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) March (Day) 20 (Year) 1955 (Hour) 4:30 AM

SEX Female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Les

Age of husband or wife if alive years

DATE OF BIRTH Sept. 14, 1885

AGE (In years last birthday) 69

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.SA

FATHER'S NAME William Irvin

MOTHER'S MAIDEN NAME Clemantine McLaughlin

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Les Prentice

Address Kimmell, Ind.

Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal Cemetery Indian Village

DATE Mar 22 1955

Location

County Noble State Indiana

CAUSE OF DEATH Cancer

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. A. F. Stults

Address Ligonier, Ind. Phone No.

SURVIVED BY Phone No.

1 Husband Les

1 Son Floyd

1 daughter, Alta

2 grandchildren

2 great grandchildren

1 sister Mrs Walter Bennett, Walker, Minn.

1 brother Herschel Irvin, Wawaka

RELIGION Protestant

CLERGYMAN Rev Donnil Campbell

Address Phone No.

FUNERAL DATE Mar 22, 1955

TIME 2:30 P.M.

PLACE Frame Church, Village

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY P. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION [illegible] CASKET

Purchase Date	Size 6.6 23	Description Flat	Interior Gold
From W. E. Gurney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Plush	Color Grey

COST AND SALE RECORD

A. Services, including casket and merchandise	$445.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	
C. Additional items ordered later	
Total	520.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	520.00

REVENUE ITEMS AND THEIR COST

Cost of Casket			83.50
*Outer Case-Cost	$55.00	Selling Price 75.00	75.00
*Embalming - "	$	" "	
*Clothing - - "	$	" "	
Livery			15.00
Total			173.50
Total Cash Advances			
Discount (if not figured in operation cost)			

Total Net Cost of Funeral	☞	173.50
Gross Profit on Funeral		346.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		(13.50)

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

6

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	445 00
Outside Receptacle	75 00
Clothing	
Foot Wear	520 00
. . . .	
Total (A)	~~445~~ 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 96

March 20 1955

Full name of deceased Ethel S. Prentice Age 69

Deceased is wife (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$ 520 00 ~~445~~ 00
(B)	Accommodation Items	$
	Total (A & B)	$ 520 00 ~~445~~ 00
* (C)	Additional items ordered later . . .	$
	It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.	
	Total Amount	$ 520 00 ~~445~~ 00

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3-31-55	520 00	520 00	
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 95

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Ray (Middle) (none) (Last) Piper

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ligonier

LENGTH OF STAY (in this place) 4 mo.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 114 Cavin St.

DATE OF DEATH (Month) February (Day) 26 (Year) 1955 (Hour) 1:30A

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Ethel S.

Age of husband or wife if alive 64 years

DATE OF BIRTH Aug 16, 1895

AGE (In years last birthday) 69

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker

KIND OF BUSINESS OR INDUSTRY Trailer factory

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Charles E. Piper

MOTHER'S MAIDEN NAME Viola Brenninger

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 315-09-4196

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Ethel S. Piper

Address Ligonier

Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE Mar 1 1955

Location Kimmell

County Noble State Ind.

CEMETERY LOT NO. 502 Owner of Lot C. E. Piper

Section 24 Grave No. 3

CAUSE OF DEATH Coronary occlusion

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. Paul J. Webster

Address Ligonier Phone No.

SURVIVED BY Phone No.

wife - Ethel

3 daughters: Mrs. Irene Stump, Cromwell RR

" Josephine Rague, Lima O.

" Maxine Stoker, Cromwell

6 grandchildren 5 great grand children

1 sister Mrs. A. H. Galloway Washington, Ind.

RELIGION Protestant.

CLERGYMAN Rev D E Schrouer

Address Phone No.

FUNERAL DATE Mar. 1, 1955

TIME 2:00 PM

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Dane Sievert, Eldon Stone

Adri Brown, Ralph Iden

Harvey Galloway, Ray Coy

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description 16 Ga Steel	Interior Velvet
From M E Murray	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

COST AND SALE RECORD

A. Services, including casket and merchandise	$775.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	30.00
C. Additional items ordered later	
Total	880.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	880.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	194.50	
*Outer Case-Cost $45.00 Selling Price 75.00		
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	209.50	
Total Cash Advances	30.00	
Discount (if not figured in operation cost)	15.50	
Total Net Cost of Funeral	☞	255.00
Gross Profit on Funeral		625.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		265.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation . . .	
Funeral Facilities and Equipment . .	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
. . . .	
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
. . . .	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls . . .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

FORM OA-C721
(9-50)

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.1.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Ray Piper
NAME OF DECEASED

315-09-4196
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	775 00
Outside Receptacle	75 00
Clothing	
Foot Wear	
Total (A)	850 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	10 00
Special Music	
Obituary Notices	
Total (B)	30 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	880 00

763

5

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 95

26 Feb 1955

Full name of deceased Ray Piper Age 69

Deceased is Husband of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 850 00
(B) Accommodation Items	$ 30 00
Total (A & B)	$ 880 00
* (C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 880 00

My, or our, preference for settlement is:

Terms $15 50 Discount if paid on or before Mar 26, 1955

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Mar. 2 1955	$64.50		
	Pd in full		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 94

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) William (Middle) Maddison (Last) Hyndmen
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
LENGTH OF STAY (In this place) 48 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) February (Day) 24 (Year) 1955 (Hour) 12:00 AM
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Ora
Age of husband or wife if alive years
DATE OF BIRTH Nov. 19, 1873
AGE (In years last birthday) 81
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harness maker
KIND OF BUSINESS OR INDUSTRY Leather
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U. S. A.
FATHER'S NAME William Hyndman Sr.
MOTHER'S MAIDEN NAME Amanda Rocky
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. 315-26-0065
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item) Signature
Address
Relationship to the deceased
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE Feb. 26 1955
Location Kimmell
County Noble State Indiana

CAUSE OF DEATH Coronary occlusion
AUTOPSY YES ☐ NO ☒
PHYSICIAN Dr. Paul Webster
Address Ligonier, Ind. Phone No.
SURVIVED BY Phone No.
Wife - Ora
1 son - Dewey Hyndman, Mishawaka
1 daughter Hudill George, Sacramento, Calif
3 grandchildren
brother
1 Warren Hyndman Cromwell
1 sister - Helena Wolf, Ligonier, Ind.

RELIGION Protestant
CLERGYMAN Rev G L Shroyer
Address Cromwell, Ind. Phone No.
FUNERAL DATE February 26, 1955
TIME 2:00 PM
PLACE L A Moore Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY L A Moore License No. 1752
EMBALMER'S LICENSE NO. 418C
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-3 23	Description State	Interior Twill
From M E Gurney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Plush	Color

COST AND SALE RECORD

A.	Services, including casket and merchandise	$397.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total	492.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	492.00

REVENUE ITEMS AND THEIR COST

Cost of Casket			76.50	
*Outer Case-Cost	$45.00	Selling Price 75.00	75.00	
*Embalming - "	$	" "		
*Clothing - - "	$	" "		
Livery			15.00	
Total			166.50	
Total Cash Advances			20.00	
Discount (if not figured in operation cost)				
Total Net Cost of Funeral			☞	186.50
Gross Profit on Funeral				305.50
**Less Operation Cost per Funeral				360.00
Net Profit or Loss Apparent				54.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car or Sedan		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Foot Wear		
Total (A)		

(B) ACCOMMODATION ITEMS

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		

FORM OA-C721
(9-50)

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.1.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

William Maddison Hyndman Jr.
NAME OF DECEASED

315-26-0065
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	397.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	472.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	

Total Amount

763

4

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 94

24 February 1955

Full name of deceased William M. Hyndman Jr. Age 81

Deceased is Husband (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 472.00
(B) Accommodation Items	$ 20.00
Total (A & B)	$ 492.00
* (C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 492.00

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ______________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________________195____ Amt. $__________

Payment Received in Full______________________________________195_____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 93

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Bessie (Middle) Beulah (Last) Galloway
CITY OR TOWN (If outside corporate limits, write RURAL and give township) South Bend
STREET ADDRESS (If rural, give location) 1115 E. Broadway ~~Ind~~.
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.
STATE Ind. COUNTY St. Joseph PHONE
PLACE OF DEATH COUNTY St. Joseph STATE Indiana
CITY OR TOWN (If outside corporate limits, write RURAL and give township) South Bend
LENGTH OF STAY (in this place) 32 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1115 E. Broadway
DATE OF DEATH (Month) February (Day) 5 (Year) 1955 (Hour) 11:15 PM
SEX female
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Okley
Age of husband or wife if alive years
DATE OF BIRTH July 17 1885
AGE (In years last birthday) 69
If Under 1 Year: Months Days
If Under 24 Hrs.: Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY U. S. A.
FATHER'S NAME Samuel Brown
MOTHER'S MAIDEN NAME Susan Miller
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)
SOCIAL SECURITY NO. none
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mr. Okley Galloway
Address 1115 E Broadway So. Bend. Relationship to the deceased Husband.
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE 2-9 1955
Location Kimmell
County Noble State Ind.

CAUSE OF DEATH Coronary Thrombosis
AUTOPSY YES ☐ NO ☑
PHYSICIAN
Address Phone No.
SURVIVED BY Phone No.
Husband Okley Galloway
LaVon Nicholls Son. 3 grandsons
Bro. Lon Brown, Cromwell
Bro. Odis Brown, "
Bro. Joe D. Brown, Mishawaka
1/2 Bro. George Brown St. Paris Ohio.
1 sister - Goldie Mayfield, Ligonier
1/2 sister - Mc Intyre, Cassopolis, Mich.

RELIGION Protestant
CLERGYMAN Rev. K. E. Maynard
Address Cromwell Phone No
FUNERAL DATE February 9, 1955
TIME 2:00 PM
PLACE L H Moore
FRATERNAL AFFILIATIONS
SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

ORIGINAL

$ 430 10

Date 2-18-55

FEDERATED FUNERAL DIRECTORS OF AMERICA

№ 267

Received of Okley Galloway

The sum of Four Hundred Thirty and 10/ Dollars

Name of deceased Bessie Galloway

Last Balance	$540 00
Payment	$430 10
New Balance	$109 90

L. H. MOORE FUNERAL HOME

By L H Moore

THANK YOU

ORIGINAL

$ 100 00

Date 2-[illegible]-55

FEDERATED FUNERAL DIRECTORS OF AMERICA

№ 268

Received of Okley Galloway

The sum of One Hundred and 0 ——— 00 Dollars

Name of deceased Bessie Galloway

Last Balance	$109 90
Payment	$100 00
~~New Balance~~ Discount	$9 90

Pd in full

L. H. MOORE FUNERAL HOME

By L H Moore

THANK YOU

3

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 93

6 Feb 1955

Full name of deceased Bessie Galloway Age 69

Deceased is wife of person arranging services.
(Give relationship)

(A) Services, including merchandise	$520.00
(B) Accommodation Items	$20.00
Total (A & B)	$540.00
* (C) Additional items ordered later	$
Total Amount	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms *9.90 Discount if paid on or before Feb 21, 1955 Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	445.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	520.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2-15-55		Paid in full	
		[illegible]	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 92

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Harry (Middle) Alvin (Last) Burson

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location) Rural

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Kosciusko PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wolf Lake

LENGTH OF STAY (in this place) 7 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital

DATE OF DEATH (Month) Jan (Day) 28 (Year) 1955 (Hour) 12:30 A

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Rica

Age of husband or wife if alive years

DATE OF BIRTH Aug. 26, 1873

AGE (In years last birthday) 51

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car & Air Brake Insp.

KIND OF BUSINESS OR INDUSTRY Railroad

BIRTHPLACE (State or foreign country) Ohio

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Benjamin Burson

MOTHER'S MAIDEN NAME Emma Jane Huston

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 717-05-0039

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address

Relationship to the deceased

PLACE OF BURIAL
Cremation or Removal
Cemetery

DATE 19

Location

County State

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. J. B. Schutt

Address Ligonier Phone No.

SURVIVED BY Phone No.

RELIGION Protestant

CLERGYMAN Rev. Herbert Yoder

Address Syracuse, Ind. R R 2 Phone No.

FUNERAL DATE Jan. 30, 1955

TIME 2:00 PM

PLACE S H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L Harmon License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

Copyrighted F. F. D. of A.
D. F. 14

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A.	Services, including casket and merchandise	$275.00
	Outside Receptacle (Kind)	
B.	Cash Advanced for Accommodation Items	70.00
C.	Additional items ordered later	
	Total	345.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	345.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	49.00	
*Outer Case-Cost $ Selling Price		
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	49.00	
Total Cash Advances	70.00	
Discount (if not figured in operation cost)	119.00	
Total Net Cost of Funeral	☞	119.00
Gross Profit on Funeral		226.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		134.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

THE LINDENWOOD CEMETERY

- INCORPORATED -

OFFICE PHONE
A-4468

RECEIPT

Fort Wayne, Ind. Jan. 31, 55

RECEIVED OF L. H. Moore

Interment of				
Crypts				
B. M. Foundations				
Incinerations Harry A. Burson	60	00		
Dividends				
Interest				
Sale of Lots				
Contracts Rec.				
Cash				

THE LINDENWOOD CEMETERY
INC.

No. 24305

By

GARGO INC. - WATSEKA, ILL.

FORM OA-C721
(9-50)

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.1.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Harry Alvin Busson
NAME OF DECEASED

717-05-0039
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	275.00
Outside Receptacle	—
Clothing	—
Foot Wear	
Total (A)	275.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	60.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	70.00
Clergyman	
Special Music	
Obituary Notices	
Total (B)	70.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount

763

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 92

28 January 1955

Full name of deceased Harry A. Burson Age 81

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$275.00
(B)	Accommodation Items	$70.00
	Total (A & B)	$345.00
* (C)	Additional items ordered later	$
	Total Amount	$345.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________195____ Amt. $________

Payment Received in Full______________195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		
	2-3-57 JHM		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 91

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Lucius (Middle) Allen (Last) Maggart
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
STREET ADDRESS (If rural, give location) Cromwell
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission,) STATE Indiana COUNTY Noble PHONE
PLACE OF DEATH COUNTY Kosciusko STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Turkey Creek Twp. LENGTH OF STAY (in this place) 2½ mo.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) 1 - (Day) 10 - (Year) 1955 - (Hour)
SEX M. COLOR OR RACE W. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
Name of husband or wife Cora B. Age of husband or wife if alive years
DATE OF BIRTH May 22 AGE (In years last birthday) 84 If Under 1 Year Months 7 Days 17 If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer KIND OF BUSINESS OR INDUSTRY Common
BIRTHPLACE (State or foreign country) Cromwell Indiana CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Jacob Maggart
MOTHER'S MAIDEN NAME Elizabeth W. Miller
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.) SOCIAL SECURITY NO. none
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED DISCHARGED
NAME OF WAR SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item) Signature
Address Relationship to the deceased
PLACE OF BURIAL Cremation or Removal Cemetery Sparta DATE Wed. Jan. 12-55
Location Kimmell
County Noble State Indiana

CAUSE OF DEATH Exposure
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. Orville Richer - Coroner
Address Warsaw, Ind. Phone No.
SURVIVED BY ~~[illegible]~~ Phone No.
Jacob Maggart of Ligo.
Albert of Cromwell
Five grandchildren
One Great-grandchild

RELIGION Protestant
CLERGYMAN Rev. K. E. Maynard
Address Cromwell Phone No.
FUNERAL DATE Wed. Jan. 12-1955
TIME 2 P.M.
PLACE J. H. Moore Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY J H Moore License No. 1752
EMBALMER'S LICENSE NO. #1180
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-3 23	Description octagon	Interior Twill
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering cloth	Color Grey

COST AND SALE RECORD

A.	Services, including casket and merchandise	$343.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	418.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	418.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	59.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	149.50	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		149.50
Gross Profit on Funeral		268.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		(91.50)

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE

Form D F 22
Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	343.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	418.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

763

1

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 91

Jan. 10 - 55 195__

Full name of deceased Lucius Allen Maggart Age 84

Deceased is Father of person arranging services.
(Give relationship)

(A) Services, including merchandise	$
(B) Accommodation Items	$
Total (A & B)	$
* (C) Additional items ordered later	$
Total Amount	$ 418.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Net 30 days-

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full______________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Jan. 15-55	418 00	209 -	209 -
Talbut pd. in full			
July 16, 1955	209 00	150 -	59 00
25, 1955	59 00		
	Pd in full		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 90

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Grover (Middle) Cleveland (Last) Murphy

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural York Twp.

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural York Twp. LENGTH OF STAY (in this place) 12 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) December (Day) 23 (Year) 1954 (Hour)

SEX male COLOR OR RACE White MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Mary ann Age of husband or wife if alive years

DATE OF BIRTH Dec. 2, 1884 AGE (In years last birthday) 70 If Under 1 Year Months Days If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming KIND OF BUSINESS OR INDUSTRY Farmer

BIRTHPLACE (State or foreign country) Kentucky CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Robert Murphy

MOTHER'S MAIDEN NAME Ellen Bryant

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.) SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address Relationship to the deceased

PLACE OF BURIAL Cremation or Removal Cemetery Salem DATE 12-26 1954

Location Wilmot

County Noble State Indiana

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. James R. Pauth

Address Wolf Lake, Ind. Phone No.

SURVIVED BY Phone No.

Widow - Mary Ann
4 sons - Floyd - Carl, Robert, Delford
2 Bro - Floyd - Campton Ky, Shelby - Wellington Ky
4 sis - Lizzie Holland - West Bend Ky
Ida Halsey - Grassy Creek, Ky.
Rosa Mae Hoodparter - La Grange, Ind.
Emma Wells - Middletown, Ohio.
12 grandchildren
2 great grandchildren

RELIGION Protestant

CLERGYMAN Rev. F. Wright + Rev. Lawrence Brown

Address Phone No.

FUNERAL DATE Dec. 26, 1954

TIME 2:00 P.M.

PLACE Big Lake Church of God.

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description 18 Ga Metal	Interior Satin
From M. E. Gurney	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Grey

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 595.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	
Total	690.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	690.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	137.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	227.50	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	11.90	
Total Net Cost of Funeral ☞		259.40
Gross Profit on Funeral		430.60
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		70 40

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______

Outside Receptacle . . . . ______

Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______

Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______

Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______

Total (C) ______

Total Amount ______

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	595^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
Total (A)	670^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	20^{00}
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

763

FEDERATED

20

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 90

24 Dec 1954

Full name of deceased Grover C. Murphy Age 70

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 670^{00}
(B)	Accommodation Items	$ 20^{00}
	Total (A & B)	$ 690^{00}
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 690^{00}

My, or our, preference for settlement is:

Terms \$ 11^{20} Disc 15 days net 30

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________________195____ Amt. $__________

Payment Received in Full______________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 39

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Ida (Middle) May (Last) Phebus

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY La Grange STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

LENGTH OF STAY (In this place) 7 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Grange County Hospital

DATE OF DEATH (Month) December (Day) 21 (Year) 1954 (Hour) 2:30 P.M.

SEX Female

COLOR OR RACE White

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife William

Age of husband or wife if alive years

DATE OF BIRTH Jan. 26, 1875

AGE (In years last birthday) 79

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Harvey Kincaid

MOTHER'S MAIDEN NAME Margaret McClintic

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No.

SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Alva Deardoff

Address Kimmell, Ind.

Relationship to the deceased Daughter

PLACE OF BURIAL

Cremation or Removal

Cemetery McClintic

DATE 19

Location Turkey Creek Twp.

County Kosciusko State Indiana

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. O. T. Stultz

Address Ligonier Phone No.

SURVIVED BY Phone No.

2 daughters

Mrs Blanch Deardorff near Cromwell

Mrs. Georgia Heffner, Syracuse

6 grandchildren

12 great grandchildren

2 sisters - Mrs. Fred Reese Ft Wayne

Mrs Ella Stump, No Webster

RELIGION Protestant

CLERGYMAN Rev. K. E. Maynard

Address Cromwell Phone No. 15

FUNERAL DATE Thursday ~~Sep~~ Dec 23, 1954

TIME 2:00 PM

PLACE J H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY J H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $

Outside Receptacle ________ (Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total

Amount Paid - Cash - ________

Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ________ ________

*Outer Case-Cost $______ Selling Price ______ ________

*Embalming - " $______ " " ______ ________

*Clothing - - " $______ " " ______ ________

Livery ________ ________

________ ________

________ ________

Total

Total Cash Advances ________ ________

Discount (if not figured in operation cost) ________ ________

Total Net Cost of Funeral ☞ ________

Gross Profit on Funeral ________ ________

**Less Operation Cost per Funeral ________ ________

Net Profit or Loss Apparent ________ ________

____

____

____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . ________
Preparation and Preservation . . . ________
Funeral Facilities and Equipment . . ________
Visitors Register . . . . ________
Acknowledgment Cards . . . . . ________
Funeral Car or Sedan . . . . . . ________
Casket Coach . . . . ________
Casket . . . . ________
. . . . ________

Outside Receptacle . . . . ________

Clothing . . . . ________
Foot Wear . . . . ________
. . . . ________
. . . . ________

Total (A) ________

(B) ACCOMMODATION ITEMS

Tax . . . . ________
Cemetery Charges . . . . ________
Additional Autos . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls . . ________
R. R. Transportation . . . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . ________
Obituary Notices . . . . ________
. . . . ________
. . . . ________

Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (C) ________

Total Amount ________

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	150 00
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount

763

FEDERATED

19

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 89

21 Dec 1954

Full name of deceased Ida May Phebus Age 79

Deceased is mother of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 150 00
(B) Accommodation Items	$
Total (A & B)	$
* (C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 150 00

My, or our, preference for settlement is:

Terms Noble county, Welfare Burial.

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ____________ 195___ Amt. $________

Payment Received in Full ____________ 195___ Check Number ____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		
	7-3-55		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 88

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Ollie (Middle) Mae (Last) McCammon

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

LENGTH OF STAY (in this place) 16 yrs

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) December (Day) 8 (Year) 1954 (Hour) 7:45PM

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife John Leslie

Age of husband or wife if alive years

DATE OF BIRTH Nov. 8 1877

AGE (In years last birthday) 77

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Levi Archer

MOTHER'S MAIDEN NAME Emma Jane Craig

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No

SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature John Leslie McCammon

Address Cromwell

Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE 12-11 1954

Location Kimmell

County Noble State Indiana

CAUSE OF DEATH Cerebral Hemorrhage

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Paul Webster

Address Ligonier Phone No.

SURVIVED BY Husband John L. Phone No.

1 son Ned - Cromwell

2 grandchildren

1 brother Ben Archer - Cromwell

3 sisters Etta Schlotterback - Ligonier

Grace McCammon - Elkhart

Vinna McCammon - Cromwell

RELIGION Protestant

CLERGYMAN K. E. Maynard

Address Cromwell Phone No.

FUNERAL DATE December 11, 1954

TIME 2:00 Pm

PLACE L A Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L A Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description 20 Ga Metal	Interior Satin
From	Mfrs. No.	Our Number	Finish sprayed
Cost before Cash Discount	Trimmed Complete	Covering	Color bron.

COST AND SALE RECORD

A.	Services, including casket and merchandise	$530.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	30.00
C.	Additional items ordered later	
	Total	635.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	635.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	30.00	
Discount (if not figured in operation cost)	10.60	
Total Net Cost of Funeral	☞	245.60
Gross Profit on Funeral		389.40
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		29.40

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	530.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	605.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	10.00
Special Music	
Obituary Notices	
Total (B)	30.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

18

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 88

9 Dec 1954

Full name of deceased Ollie Mae McCammon Age 77

Deceased is wife (Give relationship) of person arranging services.

(A)	Services, including merchandise	$605.00
(B)	Accommodation Items	$30.00
	Total (A & B)	$635.00
* (C)	Additional items ordered later	$
	Total Amount	$635.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $10.00 Dis. if paid on or before Dec. 24 1954 – net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ______

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________195___ Amt. $______

Payment Received in Full________195___ Check Number______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/15/54	Paid in full $634.40 B.M.		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 87

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Wayne (Middle) C. (Last) Knox
STREET ADDRESS (If rural, give location)
PLACE OF DEATH COUNTY Noble STATE Indiana
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparta Twp. LENGTH OF STAY (in this place) 13 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) November (Day) 21 (Year) 1954 (Hour) 9 AM
SEX male COLOR OR RACE white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Ruth Age of husband or wife if alive years
DATE OF BIRTH aug. 24, 1913 AGE (In years last birthday) 41 If Under 1 Year Months Days If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch Press oper. KIND OF BUSINESS OR INDUSTRY Penn Electric
BIRTHPLACE (State or foreign country) Indiana CITIZEN OF WHAT COUNTRY? U S a
FATHER'S NAME Harry Knox
MOTHER'S MAIDEN NAME Dolly Ruby
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.) SOCIAL SECURITY NO. 305-16-4550
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED DISCHARGED
NAME OF WAR SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item) Signature Mrs. Ruth Knox
Address Cromwell Relationship to the deceased wife
PLACE OF BURIAL Cremation or Removal Cemetery Oak Park DATE 11-23 1954
Location Ligonier
County Noble State Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Sparta Twp)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE
CAUSE OF DEATH Coronary acclusion
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. Paul Webster
Address Ligonier, Ind. Phone No.
SURVIVED BY Phone No.
widow - Ruth
2 sons - Ronnie, Kimmell & James at home
1 daughter - Vonda at home
mother - Dolly Lindsey
3 brothers - Eddie, El Paso, Texas, Tom & Harry at Cromwell
2 sisters - Mrs. Ruby Bennett near Wolf Lake
Mrs Ruth Taylor of Ligonier

RELIGION Protestant
CLERGYMAN Rev. K. Edward Maynard
Address Cromwell Phone No.
FUNERAL DATE Nov. 23, 1954
TIME 2:00 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS Moose

SINGERS

BEARERS Adrain Archer, Garland Myers, Doyle Burkett, John Beck, Roy Coy, Elden Stoner

CEMETERY LOT NO. 99 Owner of Lot Mrs. Ruth Knox
Section E Grave No. 4
FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description Slate	Interior Satin
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Plush	Color

COST AND SALE RECORD

A. Services, including casket and merchandise	$445.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	101.05
C. Additional items ordered later	
Total	621.05
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	621.05
REVENUE ITEMS AND THEIR COST		
Cost of Casket	76.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	166.50	
Total Cash Advances	101.05	
Discount (if not figured in operation cost)	13.00	
Total Net Cost of Funeral	☞	280.55
Gross Profit on Funeral		340.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		(19.50)

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car or Sedan		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Foot Wear		
Total (A)		

(B) ACCOMMODATION ITEMS

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		

FORM OA-C721
(9-50)

FEDERAL SECURITY AGENCY

SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED,
BUDGET BUREAU NO. 72-R283.1.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Wayne Cole Knox
NAME OF DECEASED

305-16-4550
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	415^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
Total (A)	520^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	95^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Shirt + underwear	6.05
Total (B)	101^{05}

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

17

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 87

21 November 1954

Full name of deceased Wayne C. Knox Age 41

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$520^{00}
(B)	Accommodation Items	$101^{05}
	Total (A & B)	$621^{05}
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $621^{05}

My, or our, preference for settlement is:

Terms $13^{00} disc. if paid in full on or before Dec. 21, 1954

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________________195____ Amt. $__________

Payment Received in Full______________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Dec.	18/54		
	Pd In	full	
		$608.05	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 86

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Clarabelle (Middle) Noe (Last) Dull

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) York Twp.

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) York Twp. Ligonier RR #2

DATE OF DEATH (Month) November (Day) 16 (Year) 1954 (Hour)

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife William A

Age of husband or wife if alive years

DATE OF BIRTH Oct. 29, 1865

AGE (In years last birthday) 89

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U S A

FATHER'S NAME Jefferson Noe

MOTHER'S MAIDEN NAME Rebecca — ~~unknown~~ Gloyd

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Harald Dull

Address Ligonier, Ind. RR #2

Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE 11-19 1954

Location Kimmell

County Noble State Indiana

CAUSE OF DEATH Uremic Poisoning

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. E F Stults

Address Ligonier Ind. Phone No.

SURVIVED BY 1 son Harold Dull Phone No.

1 grandson

2 great grandsons

RELIGION Protestant

CLERGYMAN Rev. Mark C. Specht

Address Kimmell Phone No.

FUNERAL DATE November 19, 1954

TIME 2:00 PM C D T

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Clint Ott, Rawleigh Blackman

Enoch Shisler, Malcolm Baker

Les Carpenter, Howard White

CEMETERY LOT NO. 40 Owner of Lot William A. Dull

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6 - 3 - 23	Description State	Interior Twill
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Silver	Color

COST AND SALE RECORD

A.	Services, including casket and merchandise	$ 397.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	472.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	472.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	76.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	166.50	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	166.50
Gross Profit on Funeral		305.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		54.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	377^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
. . . .	
Total (A)	472^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

16

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 86

16 November 1954

Full name of deceased Clarabelle Mae Dull Age 89

Deceased is mother (Give relationship) of person arranging services.

(A) Services, including merchandise . . .	$ 472^{00}
(B) Accommodation Items	$
Total (A & B)	$
* (C) Additional items ordered later . . .	$
Total Amount	$ 472^{00}

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms 8^{00} Discount if paid on or before Dec. 16, 1954

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By H Moore

I, or we, accept and approve the above.

✓ Harold Dull
Signature of Purchaser

RR #2
Address

Ligonier Indiana
City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A ____________ 195__ Amt. $________

Payment Received in Full ____________ 195__ Check Number ________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5/14/55	472 00	100 00	372 00
	372 00		
7/19/55	~~30~~	300 00	72 00
11/14-56	72 00		—

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 85

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Taylor (Middle) Shannon (Last) Linn
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
LENGTH OF STAY (in this place) 74 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No street address
DATE OF DEATH (Month) September (Day) 6 (Year) 1954 (Hour) 4:30 PM.
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Pearl
Age of husband or wife if alive years
DATE OF BIRTH Nov. 3, 1879
AGE (In years last birthday) 74
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
KIND OF BUSINESS OR INDUSTRY mason
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME John Linn
MOTHER'S MAIDEN NAME Mary Click
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) no
SOCIAL SECURITY NO. 316-16-6659
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Pearl Linn
Address Cromwell
Relationship to the deceased wife
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE Sept. 8 1954
Location Kimmell
County Noble State Ind.

CAUSE OF DEATH Coronary occlusion
AUTOPSY YES ☐ NO ☒
PHYSICIAN Dr. Paul Webster
Address Ligonier Phone No.
SURVIVED BY Phone No.
Wife - Pearl
3 sons - Everett Linn Cromwell
Merle, Grabill
Earl, North Liberty
2 daughters - Minnie Wilson - Bangor, Mich
Dorothy Tenny - Col. City, Ind.
14 grandchildren
11 great grandchildren
Colon, 3 Rivers Warsaw
3 bros. Myron, Theodore, Victor
RELIGION Protestant
CLERGYMAN Rev K. E. Maynard
Address Cromwell Phone No. 15
FUNERAL DATE Sept. 8, 1954
TIME 2:00 P.M.
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS Grand children

CEMETERY LOT NO. 136 Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY L. H. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description 20 Ga metal	Interior Satin
From	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Grey

COST AND SALE RECORD

A.	Services, including casket and merchandise	$595.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total	690.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	690.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	137.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	227.50	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	14.95	
Total Net Cost of Funeral	☞	562.45
Gross Profit on Funeral		427.55
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		67.55

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	595.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	670.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	~~690~~
Total Amount	690

#15

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 85

Sept. 17 1954

Full name of deceased Taylor Shannon Linn Age 74

Deceased is ______ (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 670.00
(B)	Accommodation Items	$ 20.00
	Total (A & B)	$ 690.00
* (C)	Additional items ordered later	$
	It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 690.00

My, or our, preference for settlement is:

Terms $14.95 Discount if paid on or before Oct. 7, 1954

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By Lloyd H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Sept. 8, 1954	675 00	675 00 Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 84

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Leah (Middle) B. McKercher (Last) Moorman
CITY OR TOWN (If outside corporate limits, write RURAL and give township)
STREET ADDRESS (If rural, give location) 535 Forest Ave.
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE COUNTY PHONE
PLACE OF DEATH COUNTY Cook STATE Ill.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) River Forest, Ill.
LENGTH OF STAY (in this place)
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1954 (Hour)
SEX female
COLOR OR RACE White
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
Name of husband or wife J. George
Age of husband or wife if alive years
DATE OF BIRTH /
AGE (In years last birthday) 76
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country)
CITIZEN OF WHAT COUNTRY?
FATHER'S NAME
MOTHER'S MAIDEN NAME
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)
SOCIAL SECURITY NO. None
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item) Signature
Address
Relationship to the deceased
PLACE OF BURIAL - Cremation or Removal
Cemetery Oak Park
DATE Sept. 2 1954
Location Ligonier, Ind.
County Noble State Ind.

CAUSE OF DEATH Cachexia Exhaustion
AUTOPSY YES ☐ NO ☑
PHYSICIAN
Address Phone No.
SURVIVED BY Husband Phone No.
daughter - Kay Bailey

RELIGION Episcopal
CLERGYMAN Maynard
Address Cromwell Phone No.
FUNERAL DATE Sept. 2, 1954
TIME 2:00 PM
PLACE J H Moore Funeral Home
FRATERNAL AFFILIATIONS Pythian Sisters
SINGERS
BEARERS: Lud Hewitt, Dick Howell, Carlile, Herald, Frank Hedrick, McStick

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY J H Moore License No. 1252
EMBALMER'S LICENSE NO.
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ______ $
Outside Receptacle ______ (Kind)

B. Cash Advanced for Accommodation Items ______

C. Additional items ordered later ______ ______

Total
Amount Paid - Cash - ______
Balance

Terms: ______

Selling Price of This Funeral Service ______ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ______
*Outer Case-Cost $______ Selling Price ______
*Embalming - " $______ " " ______
*Clothing - - " $______ " " ______
Livery ______

Strip In

Total

Total Cash Advances ______
Discount (if not figured in operation cost) ______

Total Net Cost of Funeral ☞ ______
Gross Profit on Funeral ______
**Less Operation Cost per Funeral ______
Net Profit or Loss Apparent ______

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______

Outside Receptacle . . . . ______

Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______

Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______

Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______

Total (C) ______

Total Amount ______

KAMMER CASKET CO., Inc.
Office - Display Room and Factory:
2950 Gratiot Ave. LOrain 7-0477 & 8 Detroit 7, Mich.
Daily after 5 P.M.
SUNDAYS and HOLIDAYS after 1 P.M. CALL:
H. B. Kammer, LAkeview 6-0477
K. H. Kammer, TUxedo 2-7067
N. Springborn, LAkeview 1-7384
Don A. Kammer, VAlley 4-5255
R. Sellers, LAkeview 6-2911
Harold Frank, LAkeview 1-4214

Drechsler Funeral Home
203 S. Marion St.
Oak Park, Illinois

HUTTON
RICHMOND INDIANA

A. Morman c/o J. F. Bailey
535 Forest ave.
River Forest, Ill.

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service ~~Preparation and Preservation~~ Funeral Facilities and Equipment ~~Visitors Register~~ Acknowledgment Cards ~~Funeral Car or Sedan~~ Casket Coach ~~Casket~~	75^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
Total (A)	150^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	130^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	130^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	280^{00}

14

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 84

Sept. 2 1954

Full name of deceased Leah Belle Morman Age 70

Deceased is wife (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 150^{00}
(B) Accommodation Items	$ 130^{00}
Total (A & B)	$ 280^{00}
* (C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 280^{00}

My, or our, preference for settlement is:

Terms net

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ______

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ______ 195__ Amt. $______

Payment Received in Full ______ 195__ Check Number ______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Sept. 7, 1954	280 00	280 00	
			Pd in full SHM

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 83

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Bessie (Middle) L. (Last) Spacht

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Sparta Twp

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) August (Day) 20 (Year) 1954 (Hour) 10:15 PM

SEX Female

COLOR OR RACE White

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Rev. M. B. Spacht

Age of husband or wife if alive years

DATE OF BIRTH April 2, 1887

AGE (In years last birthday) 67

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ohio

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME William Shade

MOTHER'S MAIDEN NAME Ella

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Rev. M. B. Spacht

Address Kimmell, Ind.

Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal Cemetery Salem

DATE 8-24 1954

Location West Minster

County Allen State Ohio

CAUSE OF DEATH adinocarcinoma of cervix

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. G. F. Stultz

Address Ligonier, Ind. Phone No.

SURVIVED BY Husband Phone No.

Rev. M. B. Spacht

1 son Everett [illegible], [illegible] O

4 step children

Mrs. Virgil Kimble [illegible], O.

Mrs. George Lamb, Lima, O.

Leonard Spacht, Buckland O.

John Spacht, Celina, O

10 step grand children

7 step great grand child

RELIGION Protestant

CLERGYMAN Rev. Simon A. Bennett

Address Muncie Phone No.

FUNERAL DATE Aug 22 + Aug 24, 1954

TIME 1:30 P.M.

PLACE R. H. Moore Funeral Home & Lewis Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY R. H. Moore License No. 1252

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $
Outside Receptacle ________
(Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total

Amount Paid - Cash - ________

Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ________

*Outer Case-Cost $______ Selling Price ________

*Embalming - " $______ " " ________

*Clothing - - " $______ " " ________

Livery ________

Ship out

Total

Total Cash Advances ________

Discount (if not figured in operation cost) ________

Total Net Cost of Funeral ☞ ________

Gross Profit on Funeral ________

**Less Operation Cost per Funeral ________

Net Profit or Loss Apparent ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ________

Preparation and Preservation . . . ________

Funeral Facilities and Equipment . . ________

Visitors Register . . . . ________

Acknowledgment Cards . . . . . ________

Funeral Car or Sedan . . . . . . ________

Casket Coach . . . . ________

Casket . . . . ________

. . . . ________

Outside Receptacle . . . . ________

Clothing . . . . ________

Foot Wear . . . . ________

. . . . ________

. . . . ________

Total (A) ________

(B) ACCOMMODATION ITEMS

Tax . . . . ________

Cemetery Charges . . . . ________

Additional Autos . . . . ________

Telegrams . . . . ________

Long Distance Telephone Calls . . ________

R. R. Transportation . . . . . . ________

Flowers . . . . ________

Clergyman . . . . ________

Special Music . . . . ________

Obituary Notices . . . . ________

. . . . ________

. . . . ________

Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________

. . . . ________

. . . . ________

. . . . ________

. . . . ________

Total (C) ________

Total Amount ________

763

FUNERAL DIRECTORS FEDERATED OF AMERICA

12

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 83

21 August 1954

Full name of deceased Bessie L. Spacht Age 67

Deceased is Wife (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 75^{00}
(B)	Accommodation Items	$
	Total (A & B)	$
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 75^{00}

My, or our, preference for settlement is:

Terms Cash

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or ~~we,~~ accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register ~~Acknowledgment Cards~~ ~~Funeral Car or Sedan~~ ~~Casket Coach~~ ~~Casket~~	60^{00}
Outside Receptacle	
Clothing	15^{00}
Foot Wear	
Total (A)	75^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $________

Payment Received in Full________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8/21/54	75 00	75 00	—
		Pd in full	
		BHM	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(11-53)

FORM APPROVED.
BUDGET BUREAU NO. 72-R282.2

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Moore Funeral Home
Cromwell
Indiana

WERKER, Harvey
(NAME OF DECEASED)

(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 5V

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Harvey (Middle) R. (Last) Werker

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH COUNTY STATE Maryland

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annapolis

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) Aug. (Day) 9 (Year) 1954 (Hour)

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH 1895

AGE (In years last birthday)

If Under 1 Year: Months Days

If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY unknown

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Gangulf Werker

MOTHER'S MAIDEN NAME Schlabaugh

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. unknown

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature

Address

Relationship to the deceased

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE Aug 12 1954

Location Kimmell

County Noble State Indiana

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN

Address Phone No.

SURVIVED BY Phone No.

Brothers Charles, Orlo & Wallace Werker Kimmell

John Werker Alma, Washington

RELIGION Protestant

CLERGYMAN Rev. Mark Spacht

Address Kimmell, Ind. Phone No.

FUNERAL DATE August 12, 1954

TIME 2:00 P M

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Kenton Werker, Arland Werker

Harold Knepper, Russell Werker

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise ________ $
Outside Receptacle ________
(Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total
Amount Paid - Cash - ________
Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ________ ________
*Outer Case-Cost $______ Selling Price ______ ________
*Embalming - " $______ " " ______ ________
*Clothing - - " $______ " " ______ ________
Livery ________ ________

Total

Ship in

Total Cash Advances ________ ________
Discount (if not figured in operation cost) ________ ________

Total Net Cost of Funeral ☞ ________
Gross Profit on Funeral ________ ________
**Less Operation Cost per Funeral ________ ________
Net Profit or Loss Apparent ________ ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ________
Preparation and Preservation . . . ________
Funeral Facilities and Equipment . . ________
Visitors Register . . . . ________
Acknowledgment Cards . . . . . ________
Funeral Car or Sedan . . . . . . ________
Casket Coach . . . . ________
Casket . . . . ________
. . . . ________

Outside Receptacle . . . . ________

Clothing . . . . ________
Foot Wear . . . . ________
. . . . ________
. . . . ________

Total (A) ________

(B) ACCOMMODATION ITEMS

Tax . . . . ________
Cemetery Charges . . . . ________
Additional Autos . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls . . ________
R. R. Transportation . . . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . ________
Obituary Notices . . . . ________
. . . . ________
. . . . ________

Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (C) ________

Total Amount ________

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach ~~Casket~~	75 00
Outside Receptacle	75 00
Clothing	
Foot Wear	
Total (A)	150 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

1V

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 82

11 August 1951

Full name of deceased Harvey R. Welker Age 59

Deceased is Brother of person arranging services.
(Give relationship)

(A) Services, including merchandise	$150 00
(B) Accommodation Items	$20 00
Total (A & B)	$170 00
* (C) Additional items ordered later	$
Total Amount	$170 00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Cash

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $________

Payment Received in Full____________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8-12-54	170 00	170 00	
			Paid in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 81
1954 - 8 - 8
1900 - 5 - 7
54 - 3 - 1

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Mildred (Middle) (Last) Robertson
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell, Ind.
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY LaGrange STATE Ind.
CITY OR TOWN (If outside corporate limits, write RURAL and give township) LaGrange
LENGTH OF STAY (in this place) 18 days
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LaGrange County Hospital
DATE OF DEATH (Month) 8 (Day) 8 (Year) 54 (Hour) 4:30
SEX F.
COLOR OR RACE W.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
Name of husband or wife John
Age of husband or wife if alive 53 years
DATE OF BIRTH May 7- 1900
AGE (In years last birthday) 54
If Under 1 Year: Months Days
If Under 24 Hrs.: Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Mistress
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Syracuse
CITIZEN OF WHAT COUNTRY? USA
FATHER'S NAME Homer Smith
MOTHER'S MAIDEN NAME Hattie Miles
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No.
SOCIAL SECURITY NO. None
BRANCH OF SERVICE (Army, Navy or Marine) — (Regiment, Company or Command) —
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature John Robertson
Address Cromwell
Relationship to the deceased husband
PLACE OF BURIAL
Cremation or Removal
Cemetery ~~Sport~~ Syracuse
DATE Aug 1954
Location Syracuse
County Kosciusko State Indiana

CEMETERY LOT NO. Owner of Lot
Section Grave No.

CAUSE OF DEATH General Carcinomatosis
AUTOPSY YES ☐ NO ☑
PHYSICIAN [illegible]
Address [illegible] Phone No.
SURVIVED BY husband - John Phone No.
mother - Mrs. Hattie Smith, Cromwell
[illegible] - Mrs [illegible]
Mrs. [illegible] Ft. Wayne
brothers - [illegible] & Edward, Auburn Ind.
Everett Smith, [illegible]

RELIGION [illegible]
CLERGYMAN Rev. [illegible] & Rev. R. E. [illegible]
Address [illegible] Phone No. [illegible]
FUNERAL DATE Wed.
TIME 2 P.M.
PLACE [illegible]
FRATERNAL AFFILIATIONS-

SINGERS No.

BEARERS [illegible], John Kohn
George Wolf, Gerald Rogers
Neal Hontz, R. E. Heintzleman

FUNERAL DIRECTED BY L. N. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description State	Interior Satin Twill
From	Mfrs. No.	Our Number	Finish Moss Rose
Cost before Cash Discount	Trimmed Complete	Covering Moss Rose	Color Plush

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 397.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	50.00
C. Additional items ordered later	
	522.00
Total	
Amount Paid - Cash -	
Balance	
Terms:	

Selling Price of This Funeral Service	☞	522.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	76.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	166.50	
Total Cash Advances	50.00	
Discount (if not figured in operation cost)	8.00	
Total Net Cost of Funeral	☞	224.50
Gross Profit on Funeral		297.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		(62.50)

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	397.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	472.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	50.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	50.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

11

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 81

9 August 1951

Full name of deceased Mildred Robertson Age 54

Deceased is wife (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 472.00
(B) Accommodation Items	$ 50.00
Total (A & B)	$
* (C) Additional items ordered later	$ 522.00
Total Amount	$ ~~472.00~~

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $8.00 Discount if paid on or before Sept. 9, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8-9-54	522 00 ~~472 00~~	310 00	212 00 ~~162 00~~
9-21-54	212 00	204 00	8 00 Disc

Pd in full
JHM

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 80

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Warren (Middle) Preston (Last) Halsey
CITY OR TOWN (If outside corporate limits, write RURAL and give township)
STREET ADDRESS (If rural, give location) 203 Second St
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Ind COUNTY Noble PHONE

PLACE OF DEATH COUNTY STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Anderson
LENGTH OF STAY (in this place)
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
DATE OF DEATH (Month) June (Day) 23 (Year) 1954 (Hour) 5.35A.
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Patty
Age of husband or wife if alive years
DATE OF BIRTH Jan 12, 1925
AGE (In years last birthday) 29
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Kentucky
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME John Halsey
MOTHER'S MAIDEN NAME Paula Gordon
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of ser.) WWII
SOCIAL SECURITY NO. 312-28-6818
BRANCH OF SERVICE (Army, Navy or Marine) Army
(Regiment, Company or Command) 112 Inf Reg 28 Div
ENLISTED 22 April 1943
DISCHARGED 19 Oct. 1945
NAME OF WAR WWII
SERIAL NO. 35553883
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Patty Halsey
Address 203 Second Ligonier, Ind.
Relationship to the deceased
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE 6-25 1954
Location Kimmell, Ind
County Noble State Ind.

CAUSE OF DEATH Suffocation
AUTOPSY YES ☐ NO ☑
PHYSICIAN
Address Phone No.
SURVIVED BY widow Patty Phone No.
7. 1 daughter Marsha Mae
2 sons Warren Preston Jr & Daniel Lee
5 bro. Fred, Elbert, Ralleigh, Delore & Marvin
3 sisters Mrs Claude Lawson, Mrs Robert Goff
Mrs Charles Macy
Parents Mr & Mrs John Halsey

RELIGION Protestant
CLERGYMAN Rev. A. F. Dreyer
Address Phone No.
FUNERAL DATE June 25, 1954
TIME 02:00 PM
PLACE Sparta Christian Church
FRATERNAL AFFILIATIONS
SINGERS
BEARERS [illegible]
[illegible] William
[illegible] Larison

CEMETERY LOT NO. 362 Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY [illegible] License No. 1752
EMBALMER'S LICENSE NO. 4130
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6.6 23	Description	20 Ga Metal	Interior	Satin
From	M E Gurney	Mfrs. No.		Our Number		Finish	Rubbed
Cost before Cash Discount		Trimmed Complete		Covering		Color	Grey

COST AND SALE RECORD

A.	Services, including casket and merchandise	$595 00
	Outside Receptacle (Kind)	75 00
B.	Cash Advanced for Accommodation Items	95 00
C.	Additional items ordered later	
	Total	765.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	765.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	137.50	
*Outer Case-Cost $45 00 Selling Price 75 00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	227 50	
Total Cash Advances	95.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	322.50
Gross Profit on Funeral		442.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		82.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(9-50)

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.1.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Warren Preston Halsey
NAME OF DECEASED

312-28-6818
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

Veterans Administration Center
Fort Snelling
St Paul 11
Minnesota

Anderson City Board of Health
133 E. 9th St.
Anderson, Ind.

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service	595^{00}
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
. . . .	
Total (A)	670^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	95^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	95^{00}

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	765^{00}

763

90

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 80

23 June 1954

Full name of deceased Warren P. Halsey Age 29

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$\$670^{00}$
(B)	Accommodation Items	$\$95^{00}$
	Total (A & B)	$\$765^{00}$
* (C)	Additional items ordered later . . .	\$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $\$765^{00}$

My, or our, preference for settlement is:

Terms $\$15^{00}$ discount allowed if paid in full on or before 23 July 1954

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ______________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ______________ 195___ Amt. $__________

Payment Received in Full ______________ 195___ Check Number ______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8-4-54	765 00	150 00	615 00
8-5-54	615 00	100 00	515 00
8-6-54	515 00	300 00	215 00
8-20-54	215 00	215 00	—

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

20.00

Kimmell, Ind., June 26 1954

Nº 1572

SPARTA CHRISTIAN CHURCH
CEMETERY

Received of L. H. Moore Funeral Home

Twenty and ——— no/100 DOLLARS

for Grave opening on Lot #105 and for Angeline Galloway

Dale Gossweiler Sec'y.

RECORD OF FUNERAL

No. 79

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Angeline (Middle) (Last) Galloway

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location) 1933 W. 3rd Ft. Wayne

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Allen STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Wayne

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) home

DATE OF DEATH (Month) June (Day) 13 (Year) 1954 (Hour) 4:15 P.

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife Gross

Age of husband or wife if alive years

DATE OF BIRTH Sept. 9, 1869

AGE (In years last birthday) 84

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME William LaCount

MOTHER'S MAIDEN NAME Hilinda Terry

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Abby Knapp

Address 1933 W. 3rd Ft. Wayne, Ind

Relationship to the deceased Daughter

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE 6-26 1954

Location Kimmell

County Noble State Ind.

CAUSE OF DEATH Myocarditis

AUTOPSY YES ☐ NO ☑

PHYSICIAN

Address Phone No.

SURVIVED BY Phone No.

Mrs. Fred Knapp –

5 grand children

6 great grand children

RELIGION Protestant

CLERGYMAN Rev. Miller

Address Kimmell Phone No.

FUNERAL DATE ~~2:00PM~~ June 26, 1954

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Don & Duane Harper, Thomas Gorsuch, Everett Baker, Harold Knepper, Alvin Wilkinson.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 23	Description 18 Ga Metal	Interior Satin
From M E Gurney	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 760.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	
Total	855.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	855.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	195.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	285.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	15.00	
Total Net Cost of Funeral	☞	320.00
Gross Profit on Funeral		535.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		175.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______

Outside Receptacle . . . . ______

Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______

Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______

Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______

Total (C) ______

Total Amount ______

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	760 00
Outside Receptacle	75 00
Clothing	
Foot Wear	
. . . .	
Total (A)	835 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	20 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
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. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	~~85~~
Total Amount	855 00

763

9

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 79

23 June 1954

Full name of deceased Angeline Galloway Age 84

Deceased is Mother of person arranging services.
(Give relationship)

(A) Services, including merchandise . . .	$835 00
(B) Accommodation Items	$20 00
Total (A & B)	$855 00
* (C) Additional items ordered later . . .	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$855 00

My, or our, preference for settlement is:

Terms $15 00 discount allowed if paid on or before July 23, 1954

Legal rate of interest after maturity

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Mrs. Fred Knapp
Signature of Purchaser

1933 W. 3rd St.
Address

Ft. Wayne Ind.
City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ______

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______195___ Amt. $______

Payment Received in Full______195___ Check Number______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7-30-54	840 00	840 00	
		Paid in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 78

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Mary (Middle) Alice (Last) Snyder

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location) Sparta Twp Ind.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) April (Day) 30 (Year) 1954 (Hour) 10:00 AM

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife Millard

Age of husband or wife if alive years

DATE OF BIRTH July 3 1865

AGE (In years last birthday) 88

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Jacob Kreager

MOTHER'S MAIDEN NAME Artemissia N. Belknap

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this Item)

Signature Mrs. Esta Harper

Address RR1 Ligonier, Ind.

Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal Cemetery Oak Park

DATE May 1 1954

Location Ligonier

County Noble State Ind.

CAUSE OF DEATH Carcinoma of Colon

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. E F Stultz

Address Ligonier Phone No.

SURVIVED BY Phone No.

1 son Milo Snyder

1 daughter Mrs. Esta Harper

5 grandchildren

3 great grandchildren

RELIGION Protestant (U.B

CLERGYMAN Rev. Donnell Campbell + K. E Maynard

Address Phone No.

FUNERAL DATE May 3, 1954

TIME 2:00 PM

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6- 23	Description Gala	Interior Satin
From Coble	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Natural

COST AND SALE RECORD

A. Services, including casket and merchandise	$561.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	25.00
C. Additional items ordered later	
Total	661.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	661.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	97.85	
*Outer Case-Cost $ 75.00 Selling Price 75.00	75.00	
*Embalming - " $ " "	65.00	
*Clothing - - " $ " "		
Livery	15.00	
Total	252.85	
Total Cash Advances	25.00	
Discount (if not figured in operation cost)	16.80	
Total Net Cost of Funeral	☞	294.65
Gross Profit on Funeral		366.35
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		6.35

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . ______
Preparation and Preservation . . . ______
Funeral Facilities and Equipment . . ______
Visitors Register . . . . ______
Acknowledgment Cards . . . . . ______
Funeral Car or Sedan . . . . . . ______
Casket Coach . . . . ______
Casket . . . . ______
. . . . ______
Outside Receptacle . . . . ______
Clothing . . . . ______
Foot Wear . . . . ______
. . . . ______
. . . . ______
Total (A) ______

(B) ACCOMMODATION ITEMS

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls . . ______
R. R. Transportation . . . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . ______
. . . . ______
. . . . ______
Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______
Total (C) ______

Total Amount ______

$ 25^{00} May 1 1954 No.

RECEIVED OF Moore Funeral Home

Twenty five & no/100 DOLLARS

Grave opening for Allie Snyder

BY Russell Smith Secy

Ligonier Cemetery Inc

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	561.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
. . . .	
Total (A)	636.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	25.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	661.00

8

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 78

April 30 1954

Full name of deceased Allie Snyder Age 88

Deceased is Mother (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$ 636.00 ~~561.00~~
(B)	Accommodation Items	$ 25.00
	Total (A & B)	$ 661.00
* (C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 661.00

My, or our, preference for settlement is:

Terms Discount of 16.00 if paid on or before June 1, 1954

Legal rate of Interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ______

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______195___ Amt. $______

Payment Received in Full______195___ Check Number______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full 10 May 54		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 77

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Charles (Middle) O (Last) Clark

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Wabash STATE Ind

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urbana

LENGTH OF STAY (in this place) 5 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) April (Day) 30 (Year) 1954 (Hour) 9:30 A.

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife

Age of husband or wife if alive years

DATE OF BIRTH Dec. 10, 1863

AGE (In years last birthday) 90

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

KIND OF BUSINESS OR INDUSTRY Post Master

BIRTHPLACE (State or foreign country) Ohio

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME David Clark

MOTHER'S MAIDEN NAME Ellen Swinehart

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address

Relationship to the deceased

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE May 2 1954

Location Kimmell

County Noble State Ind.

CAUSE OF DEATH Chronic Failing Heart

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr Venable

Address North Manchester Phone No.

SURVIVED BY: Phone No.

2 daughters
Mrs. Arnial Webster of Urbana
Mrs. Beryl Chandler of Indianapolis
3 grand children
Edgar Clark of Lig.
Arland Clark of Antioch Ill
Mrs. Jeanne Rudig of Wabash
2 great grand children

RELIGION Protestant

CLERGYMAN Rev. Samuel Overmyer + O. F. Kurt.

Address Urbana Phone No.

FUNERAL DATE May 2, 1954

TIME 2:00 PM

PLACE Kimmell Methodist Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY E H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 - 23	Description State	Interior Satin
From M. E. Gurney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Plush	Color Burgundy

COST AND SALE RECORD

A. Services, including casket and merchandise	$ 493.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	
Total	588.00
Amount Paid - Cash -	
Balance	

Terms:

Selling Price of This Funeral Service	☞	588.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	95.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	185.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	10.00	
Total Net Cost of Funeral	☞	215.00
Gross Profit on Funeral		373.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		13.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	493.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
. . . .	
Total (A)	568.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.—
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
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. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

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FEDERATED

4

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 77

May 1 1954

Full name of deceased Charles O. Clark Age 90

Deceased is Father of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$ 568.— ~~493.00~~
(B)	Accommodation Items	$ 20.00
	Total (A & B)	$ 588.00
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 588.00

My, or our preference for settlement is Discount of 10.00 if paid on or before June 1, 1954
Terms
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		
	10 May 54		
	LHM		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 76

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Pamela (Middle) Kay (Last) Fisher
CITY (If outside corporate limits, write RURAL and give township) OR TOWN
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE
COUNTY
PHONE

PLACE OF DEATH COUNTY Noble
STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendallville
LENGTH OF STAY (in this place)
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCray Memorial Hospital
DATE OF DEATH (Month) April (Day) 16 (Year) 1954 (Hour) 4:10A
SEX female
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
Name of husband or wife
Age of husband or wife if alive years
DATE OF BIRTH April 15, 1954
AGE (In years last birthday)
If Under 1 Year Months
Days
If Under 24 Hrs. Hours 7
Min. 15
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Ind.
CITIZEN OF WHAT COUNTRY?
FATHER'S NAME Maurice Fisher
MOTHER'S MAIDEN NAME Melonia Spring
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)
SOCIAL SECURITY NO.
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature
Address
Relationship to the deceased
PLACE OF BURIAL Cremation or Removal Cemetery Sparta
DATE 4/17 1954
Location Kimmell
County Noble
State Ind.

CAUSE OF DEATH cerebral Hemorrhage
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr Nash
Address Albion
Phone No.
SURVIVED BY parents
Phone No.

RELIGION
CLERGYMAN Rev. M. B. Specht
Address Kimmell
Phone No.
FUNERAL DATE 4-17-54
TIME 11:00 AM
PLACE Graveside
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO.
Owner of Lot
Section
Grave No.
FUNERAL DIRECTED BY L H Moore
License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
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DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise $
Outside Receptacle (Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total
Amount Paid - Cash -
Balance

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket
*Outer Case-Cost $ Selling Price
*Embalming - " $ " "
*Clothing - - " $ " "
Livery

Total

Total Cash Advances
Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞
Gross Profit on Funeral
**Less Operation Cost per Funeral
Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

Outside Receptacle

Clothing
Foot Wear

Total (A)

(B) ACCOMMODATION ITEMS

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	60 00
Outside Receptacle	
Clothing	
Foot Wear	
. . . .	
Total (A)	

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
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. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE

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FEDERATED
FUNERAL DIRECTORS OF AMERICA

6

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 76

April 17. 1952

Full name of deceased Pamela Kay Fisher Age 7 hrs.

Deceased is daughter of person arranging services.
(Give relationship)

(A) Services, including merchandise . . .	$
(B) Accommodation Items	$
Total (A & B)	$
* (C) Additional items ordered later . . .	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 60 00

My, or our, preference for settlement is:

Terms Int

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4-23-54	60 00	25 00	35 00

Cancelled
1 May 54

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 75

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Lemuel (Middle) Austin (Last) Hursey
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
STREET ADDRESS (If rural, give location) Home
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Ind. COUNTY Noble PHONE
PLACE OF DEATH COUNTY Noble STATE Indiana
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell
LENGTH OF STAY (in this place) 87 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home
DATE OF DEATH (Month) April (Day) 5 (Year) 1954 (Hour) 3:00 Am
SEX male
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Eula Ellen
Age of husband or wife if alive years
DATE OF BIRTH Dec. 7, 1866
AGE (In years last birthday) 87
If Under 1 Year Months Days
If Under 24 Hrs. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME
MOTHER'S MAIDEN NAME
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO. none
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.
INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mr. Verne Hursey
Address Cromwell
Relationship to the deceased father
PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
DATE April 7 1954
Location Kimmell
County Noble State Ind.

CAUSE OF DEATH Cardiac Failure
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. A. F. Stultz
Address Phone No.
SURVIVED BY Phone No.
2 sons - Orval D Hursey - Cromwell
Vern L. Hursey - "
3 daug. Mrs. Alpine Heinzleman - "
" Thresa Norris - Albion
Celia Ramsey - Mishawaka
1 sister - Mrs Iddie Yeager - Oregon City, Oregon
15 Grand children
18 Great children

RELIGION Protestant
CLERGYMAN Rev. Harry Myers
Address Cromwell Phone No.
FUNERAL DATE April 7, 1954
TIME 1:30 P.M.
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS none
SINGERS
BEARERS Grandsons

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180
SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6-6 23	Description	20 Ga Metal	Interior	Satin
From	M. E. Gurney	Mfrs. No.		Our Number		Finish	Sprayed
Cost before Cash Discount		Trimmed Complete		Covering		Color	

COST AND SALE RECORD

A.	Services, including casket and merchandise	$535.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total	
	Amount Paid - Cash -	
	Balance	630.00

Terms:

Selling Price of This Funeral Service	☞	630.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	10.70	
Total Net Cost of Funeral	☞	~~440.70~~ 235.70
Gross Profit on Funeral		~~189.30~~ 394.30
**Less Operation Cost per Funeral		~~360.00~~ 60.00
Net Profit or Loss Apparent		~~-70.70~~ 334.30

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car or Sedan		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Foot Wear		
Total (A)		

(B) ACCOMMODATION ITEMS

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		

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(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	535^{00}
Outside Receptacle	75^{00}
Clothing	
Foot Wear	
Total (A)	610^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	630^{00}

5

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 75

April 5 1954

Full name of deceased Lemuel A. Hursey Age 87

Deceased is Husband (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 610^{00}
(B) Accommodation Items	$ 20^{00}
Total (A & B)	$ 630^{00}
* (C) Additional items ordered later	$
Total Amount	$ 630^{00}

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of \$10^{00} if paid on or before May 5, 1954

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser / Street Address / City and State

Signature of Co-purchaser / Street Address / City and State

Signature of Co-purchaser / Street Address / City and State

Signature of Co-purchaser / Street Address / City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4/12/54	619 30	619 30	
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(9-50)

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.1.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

John Christopher Wells
NAME OF DECEASED

317-07-3408-A
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

RECORD OF FUNERAL

No. 74

BURIAL PERMIT NO.

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) John (Middle) Christopher (Last) Wells

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

LENGTH OF STAY (in this place) 8 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

DATE OF DEATH (Month) March (Day) 14 (Year) 1954 (Hour) 8:20 A

SEX Male

COLOR OR RACE White

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Mary E.

Age of husband or wife if alive years

DATE OF BIRTH Feb 13, 1880

AGE (In years last birthday) 74

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Benjamin F. Wells

MOTHER'S MAIDEN NAME Anna Lolmaugh

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 317-07-3408-A

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs Mary Wells

Address Cromwell

Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal

Cemetery Riverview

DATE Mar 17 1954

Location South Bend

County St. Joseph State Indiana

CAUSE OF DEATH Coronary Occlusion

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. O. F. Stultz

Address Ligonier Phone No.

SURVIVED BY Widow - Mary E. Phone No.

1 son Kenneth Wells - So Bend Ind

1 daughter Mrs. Beatrice H. Carter South Bend

1 Brother, Rev. L. A. Wells, Wawasee Ind.

3 grandchildren & 4 great grand children

RELIGION Protestant

CLERGYMAN Rev. R. E. Maynard

Address Cromwell Phone No.

FUNERAL DATE Mar 16 & 17

TIME 1:30 L H Moore Funeral Home

PLACE 2:00 Forest G. Hay Funeral Home

FRATERNAL AFFILIATIONS

Eagles Lodge - Plymouth Ind. & K. P.

Bricklayers Union #15 - So Bend, Ind.

SINGERS

BEARERS Milt Justice, Ed Robinson

Art Sullivan, Howe Hull

Neal Hentz, Len Brown

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. #175-2

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 - 22	Description 16 Ga Steel	Interior Velvet
From Crane & Breed	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

COST AND SALE RECORD

A. Services, including casket and merchandise $ 860.00
Outside Receptacle ____ (Kind)
B. Cash Advanced for Accommodation Items ____
C. Additional items ordered later ____

Total	
Amount Paid - Cash -	
Balance	860.00

Terms: ____

Selling Price of This Funeral Service	☞	860.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	223.25	
*Outer Case-Cost $____ Selling Price ____		
*Embalming - " $____ " " ____		
*Clothing - - " $____ " " ____		
Livery	15.00	
Total	238.25	
Total Cash Advances		
Discount (if not figured in operation cost)	25.80	
	264.05	
Total Net Cost of Funeral	☞	264.05
Gross Profit on Funeral		595.95
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		235.95

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	860.00
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	860.00

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FEDERATED

4

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 74

March 14 1954

Full name of deceased John C. Wells Age 74

Deceased is Husband (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 860.00
(B) Accommodation Items	$
Total (A & B)	$
* (C) Additional items ordered later	$
Total Amount	$ 860.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of 25-80 if paid on or before April 14, 1954

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ______________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ______________ 195____ Amt. $________

Payment Received in Full ______________ 195____ Check Number ______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	834 20	834 20	000

Pd in full
3/20/54

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 73

Number of Burial Permit

1. FULL NAME Mary Elizabeth Adeline Hull.

Residence No. (Usual place of abode) St. Ward (if non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH March 3, 1954 Hour 6:12 AM

CAUSE OF DEATH Generalized Carcinomatosis
Carcinoma of the Colon

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX female	5. COLOR or RACE white	6.(a) Single, Married, Widowed or Divorced (write the word) Widowed

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year)

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
89	7	28	

9. Birthplace (City, town, or county) Ohio (State or foreign country)

10. Usual occupation

11. Industry or business

Father 12. Name Isaac Crago

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Amanda Browning

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Harvey Hull

P. O. Address Cromwell

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta (b) DATE 3/ , 1954

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. J. R. Roth

Address Cromwell Phone No.

SURVIVED BY 1 son Harvey Hull.
5 grandchildren 15 great grandchildren
several nieces & nephews.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Methodist

FRATERNAL AFFILIATIONS

FUNERAL DATE

TIME 1:00 PM.

PLACE Cromwell Methodist church

CLERGYMAN Rev. H. E. Maynard

Address Phone No.

SINGERS

BEARERS J. C. Wells, Ed Robinson,
Active Odis Brown, Frank Harper,
Claude Swartz, O. E. Allen

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Lloyd L. Moore License No. 1752

EMBALMER'S LICENSE NO. 9 4182

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6-23	Description 20 Ga. Metal	Interior Crepe
From M. E. Gurney	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

SALE AND COST RECORD

A. Services, including casket and merchandise $ 712.00

Outside Receptacle (Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $

Amount Paid - Cash -

Balance $ 712.00

Terms:

Selling Price of This Funeral Service	☞	712.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	150.00	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	240.00	
Total Cash Advances		
Discount (if not figured in operation cost)	21.36	
Total Net Cost of Funeral	☞	261.36
Gross Profit on Funeral		450.64
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		90.64

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in

(A) OUR SERVICE, including merchandise selected

- Personal and Staff Service
- Preparation and Preservation
- Funeral Facilities and Equipment
- Visitors Register
- Acknowledgment Cards
- Funeral Car
- Casket Coach
- Casket
- Outside Receptacle
- Clothing
- Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

- Tax
- Cemetery Charges
- Additional Autos
- Telegrams
- Long Distance Telephone Calls
- R. R. Transportation
- Flowers
- Clergyman
- Special Music
- Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	637.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	712.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

3

FUNERAL PURCHASE RECORD

No. 73

March 3 1954

Full name of deceased Addie Hull Age 89

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$712.00
(B)	Accommodation Items	$
	Total (A & B)	$712.00
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $712.00

My, or our, preference for settlement is: 36

Terms Discount of $12.75 if paid on or before April 3, 1954

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________________195____ Amt. $__________

Payment Received in Full______________________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	690 64	690 64	—

Pd in full
4/20/54

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

SPARTA CHRISTIAN CHURCH CEMETERY, KIMMELL, INDIANA -- GRAVE OPENING REQUEST

Date Jan. 28, 1954

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of George Miller

in Burial Space Two (2) Lot 215 Section 3 Recorded in the name of George Miller and J. M. Ebbinne

Vault Size

Grave opening to be ready by 1:00 ~~A. M.~~ / P. M. Date Saturday Jan 30, 1954

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $20.00 for grave opening

L H Moore	Funeral Director Cromwell, Ind.
(Signatures of relatives or legal representatives).	(Address and relationship to deceased or authority to sign).

Funeral Director L. H. Moore, Cromwell Ind.

Number

RECORD OF FUNERAL

No. 72

Number of Burial Permit

1. FULL NAME George W. Miller

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Whitley Township

Address

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Jan 28 1954 Hour 12:30 AM

CAUSE OF DEATH Hypostatic Pneumonia

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no

3.(c) Social Security No. none

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Mary Igora

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Sept. 17, 1886

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
87	4	11	

9. Birthplace Noble (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Father 12. Name Francis Miller

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Christina Weade

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs Pauline Clingerman

P. O. Address Churubusco, Ind.

17. PLACE OF BURIAL Cremation or Removal (a) Cemetery Sparta (b) DATE Jan. 30, 1954

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. E. A. Hershey

Address Churubusco Phone No.

SURVIVED BY 3 sons Curtis & Ben, Col. City Otto, Cromwell Mrs Lewis Price Albion, Mrs. Virgil Clingerman, Churubusco, Mrs Jesse LeCount, of Epworth Forest, 15 grandchildren & 12 great grandchildren one half brother, Chas. Lock Albion, Ind.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE January 30, 1954

TIME 1:30 P.M.

PLACE Broadway Christian Church

CLERGYMAN Rev. B. A. Kaufman

Address Epworth Forest Phone No.

SINGERS

BEARERS Merl Galloway, Ralph Weade

Active Alva Deardorff, Earl Reeves Clarence Wright, Ernest Wilkinson

CEMETERY LOT NO. 315 Owner of Lot George Miller & J. N. Kilburne

Section 3 Grave No. 2

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6-23	Description Armco Iron	Interior Velvet
From M E Gurney	Mfrs. No.	Our Number	Finish Ribbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 775.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total $	
	Amount Paid - Cash -	
	Balance $	870.00

Terms:

Selling Price of This Funeral Service		870.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	194.50	
*Outer Case-Cost - $45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - " - $ " "		
Livery	15.00	
Total		
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	18.25	
Total Net Cost of Funeral		322.75
Gross Profit on Funeral		547.25
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		187.25

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Slippers		
Total (A)		

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	775.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	850.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	870.00

FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 72

January 28 1954

Full name of deceased George W. Miller Age 87

Deceased is husband of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 850.00
(B) Accommodation Items	$ 20.00
Total (A & B)	$ 870.00
* (C) Additional items ordered later	$
Total Amount	$ 870.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of $18.75 if paid on or before Feb. 28, 1954

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ______

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______195___ Amt. $______

Payment Received in Full______195___ Check Number______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
~~1/23/54~~	~~492 00~~	~~200 00~~	~~292 00~~
	292 00		

Pd in full
2/10/54

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 71

Number of Burial Permit

1. FULL NAME Richard Melvin Grimes

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. 3 mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH January 4, 1954 Hour 6:55 PM

CAUSE OF DEATH Coronary Infarction

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. 475-05-1488

4. SEX male	5. COLOR or RACE white	6.(a) Single, Married, Widowed or Divorced (write the word) never married
6.(b) Name of husband or wife		6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Dec. 23, 1879

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
74	0	11	

9. Birthplace (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business

Father
12. Name James Grimes
13. Birthplace (City, town, or county) (State or foreign country)

Mother
14. Maiden name Hannah Wright
15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Orvis Grimes

P. O. Address R.R. Larwill, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Washington Union (b) DATE Jan 6 1954

Location Pierceton / North (Township, Road Dist., Village or City)

County Kosciusko State Ind.

PHYSICIAN Dr. Stalter

Address North Webster Phone No.

SURVIVED BY 3 Bros. Orvis Grimes Wash. Twp.
Marvin Grimes Wash Twp
Ephraim Grimes, Detroit - 1 sister
Mrs Vera Robinson, Detroit.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Jan 6, 1954

TIME 2:00 PM

PLACE L H Moore Funeral Home

CLERGYMAN Rev. Arthur Gordon

Address Winona Lake Phone No.

SINGERS

BEARERS Tom Weimer Bernard Beezley

Active John Scott, Otto Adams, Roy Rouch
Roy Rensenberger

CEMETERY LOT NO. Owner of Lot

Section Grove No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23	Description Cloth State	Interior Satin twill
From Dodderidge - Buck	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Cloth	Color Rose

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 397.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total $	
	Amount Paid - Cash -	
	Balance $	492.00

Terms:

Selling Price of This Funeral Service	☞	492.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	69.95	
*Outer Case-Cost - $45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	159.95	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	179.95
Gross Profit on Funeral		312.05
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		47.95

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service

Preparation and Preservation

Funeral Facilities and Equipment

Visitors Register

Acknowledgment Cards

Funeral Car

Casket Coach

Casket

Outside Receptacle

Clothing

Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax

Cemetery Charges

Additional Autos

Telegrams

Long Distance Telephone Calls

R. R. Transportation

Flowers

Clergyman

Special Music

Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

FORM OA-C721
(9-50)

FEDERAL SECURITY AGENCY

SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.1.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Richard Melvin Grimes
NAME OF DECEASED

unknown
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

(A) **OUR SERVICE**, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	397.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	472.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

TRIPLICATE

Form D F 22
Copyrighted F. F. D. of A.

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 71

January 5 1953

Full name of deceased Richard Melvin Grimes Age 74

Deceased is Brother (Give relationship) of person arranging services.

(A) Services, including merchandise	$472.00
(B) Accommodation Items	$20.00
Total (A & B)	$
* (C) Additional items ordered later	$
Total Amount	$492.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $8.00 discount if pd in full before Feb. 5, 1953

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Orvin Grimes
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO ______

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ______ 195__ Amt. $______

Payment Received in Full ______ 195__ Check Number ______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1/23/54	492 00	200 00	292 00
2/23/54	292 00	100 00	192 00
4/17/54	192 00	100 00	92 00
4/15/54	92 00	92 00	

Pd in full
4/15/54

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 70

Number of Burial Permit

1. FULL NAME Emma N. Lung

Residence No. R.R. #2 Syracuse Ind. (Usual place of abode) Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 4 yrs. 4 mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Kosciusko Township Turkey Creek

Address Syracuse R. R. 2

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH December 10, 1953 Hour 12:00 noon

CAUSE OF DEATH Senility – Cardio Vascular Renal Dis

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. none

4. SEX female	5. COLOR or RACE white	6.(a) Single, Married, Widowed or Divorced (write the word) widowed

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Sept. 22, 1863

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
90	1	18	

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father

12. Name Perry Galloway

13. Birthplace (City, town, or county) (State or foreign country)

Mother

14. Maiden name Margaret Brumbaugh

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Merritt Lung

P. O. Address R. R. 2 Syracuse, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Oak Park (b) DATE Dec 13 1953

Location Ligonier (Township, Road Dist., Village or City)

County Noble State Indiana

CEMETERY LOT NO. Owner of Lot

Section Grove No.

PHYSICIAN Dr. J. B. Schutt

Address Ligonier, Ind. Phone No.

SURVIVED BY 1 son – Merritt Lung – Syracuse
1 brother – Charlie Galloway, Toppenish Wash
1 sister – Mrs. Nellie Johnson, Dunlap, Ind.,
3 grand children – 1 great grand child

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Methodist

FRATERNAL AFFILIATIONS WSCS – Pythian Sisters

FUNERAL DATE December 13, 1953

TIME 1:30 P M

PLACE L H Moore Funeral Home

CLERGYMAN Rev K. E. Maynard

Address Cromwell, Ind. Phone No.

SINGERS

BEARERS Al Bunger Winston Zonts
Active Excell Rice, Stanley Lung
Floyd Leamon, R. E. Bac Motts

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6-23	Description Metal	Interior Satin
From M E Gurney	Mfrs. No.	Our Number	Finish Spray
Cost before Cash Discount	Trimmed Complete	Covering	Color Gold Blend

SALE AND COST RECORD

A. Services, including casket and merchandise $	535.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	35.00
C. Additional items ordered later	
Total $	
Amount Paid - Cash -	
Balance $	645.00

Terms:

Selling Price of This Funeral Service	☞	645.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	115.00	
*Outer Case-Cost - $45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	35.00	
Discount (if not figured in operation cost)	10.70	
Total Net Cost of Funeral	☞	250.70
Gross Profit on Funeral		394.30
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		+34.30

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service				
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register				
Acknowledgment Cards				
Funeral Car				
Casket Coach				
Casket				
Outside Receptacle				
Clothing				
Slippers				
Total (A)				

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax				
Cemetery Charges				
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers				
Clergyman				
Special Music				
Obituary Notices				
Total (B)				

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)				

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	535.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
Total (A)	610.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	35.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

17

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 70

Dec. 11 1953

Full name of deceased Emma A. Long Age 90

Deceased is mother (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 610.00
(B) Accommodation Items	$ 35.00
Total (A & B)	$ 645.00
* (C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 645.00

My, or our, preference for settlement is:

Terms Disc. $10.00 if pd on or before Jan. 11, 1954

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ______

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______195___ Amt. $______

Payment Received in Full______195___ Check Number______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Dec 17	Pd in full		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 69

Number of Burial Permit

1. FULL NAME Effie Evelyn Hutchison

Residence No. Turkey Creek Twp Kosciusko Co. (Usual place of abode) Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 19 yrs. 6 mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Kosciusko Township Turkey Creek

Address R.R. #2 Syracuse

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Nov. 11, 1953 Hour 9:00 AM

CAUSE OF DEATH Pulmonary Embolism

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX female

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Walter

6.(c) Age of husband or wife if alive 87 years

7. DATE OF BIRTH (month, day, & year) June 23, 1875

8. AGE Years	Months	Days	If less than 1 day ... hrs. or ... min.
78	4	18	

9. Birthplace (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father

12. Name unknown

13. Birthplace (City, town, or county) (State or foreign country)

Mother

14. Maiden name unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Frances Sunthimer

P. O. Address LaGrange, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE Nov. 15, 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

CEMETERY LOT NO. 379 W Owner of Lot Claude C. Hutchison

Section 8 Grave No. 2

PHYSICIAN

Address Phone No.

SURVIVED BY Walter - Husband,

1 son Claude - Waukegan

2 daughters - Ruth Mattern, - Chicago

Frances Sunthimer - La Grange

9 grandchildren

6 great grandchildren 1 brother

Charles Yelton

La Doga, Ind.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Nov. 13, 1953

TIME 1:30 Pm

PLACE L H Moore Funeral Home

CLERGYMAN Rev. Harry L. Myers

Address Phone No.

SINGERS

BEARERS Ed Burns, Harvey Burns, John Burns,

Active Paul Brandt, Larry Griffith, Ralph Moore.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Vault -

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

Purchase Date
From In E Gurney
Cost before Cash Discount
Size 6/6 - 23
Mfrs. No.
Trimmed Complete
Description Metal
Our Number
Covering
Interior Satin
Finish Spray
Color Gold Blend

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 535.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	60.00
C.	Additional items ordered later	
	Total $	
	Amount Paid - Cash -	
	Balance $	670.00

Terms:

Selling Price of This Funeral Service	☞	670.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost - $45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	60.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	265.00
Gross Profit on Funeral		405.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		+ 45.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected
Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.
Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

16

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 69

Nov. 12 1953

Full name of deceased Effie E. Hutchison Age 78

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise . . .	$610.00
(B)	Accommodation Items	$ 60.00
	Total (A & B)	$670.00
* (C)	Additional items ordered later . . .	$
		Total Amount $670.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	535.00
Outside Receptacle	75.00
Clothing	
Foot Wear	
. . . .	
Total (A)	610.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	60.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	60.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE
Form D F 22
Copyrighted F. F. D. of A.

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $__________

Payment Received in Full____________________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		
		11/13/53	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 68

Number of Burial Permit

1. FULL NAME John Alonzo Clingerman

Residence No. ✓ St. Cromwell Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. 1 ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Noble

Address Luckey Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Nov 7, 1953 Hour 8:20 AM

CAUSE OF DEATH Hypostatic Pneumonia

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX	5. COLOR or RACE	6.(a) Single, Married, Widowed or Divorced (write the word)
male	white	married

6.(b) Name of husband or wife Anna A.

6.(c) Age of husband or wife if alive 81 years

7. DATE OF BIRTH (month, day, & year) March 31, 1867

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
86	6	7	

9. Birthplace Indiana 8
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Father
12. Name John Clingerman
13. Birthplace
(City, town, or county) (State or foreign country)

Mother
14. Maiden name Matilda Clingerman
15. Birthplace
(City, town, or county) (State or foreign country)

16. INFORMANT Mrs Anna A. Clingerman

P. O. Address Cromwell, Ind

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery Sparta
(b) DATE Nov. 9 1953
Location Kimmell
(Township, Road Dist., Village or City)
County Noble State Ind

PHYSICIAN Dr. O F. Stultz

Address Ligonier, Ind. Phone No.

SURVIVED BY wife Anna A.
daughter in law Pauline Clingerman
2 grand children
2 great grand children

WAR RECORD: Enlisted Discharged

Name War

Branch of Service
(Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Nov. 9, 1953

TIME 2:00 P M

PLACE L H Moore Funeral Home

CLERGYMAN Rev. Albert Rider

Address Burket, Ind. Phone No.

SINGERS

BEARERS Active Darrell Murphy, Will Shock, Elmo Shock, George Mellinger, Otto Mock, John Clingerman

CEMETERY LOT NO. Owner of Lot

Section Grove No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23	Description Cloth State	Interior Satin Twill
From D E Kenney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Rose	Color

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 493.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total $	
	Amount Paid - Cash -	
	Balance $	588.00

Terms:

Selling Price of This Funeral Service	☞	588.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	97.00	
*Outer Case-Cost - $45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "	13.75	
Livery	15.00	
Total	~~187.00~~ 200.75	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	15.00	
Total Net Cost of Funeral	☞	235.75
Gross Profit on Funeral		352.25
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		- 7.75

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Slippers		
Total (A)		

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	493^{00}
Outside Receptacle	75^{00}
Clothing	13^{75}
Foot Wear	
Total (A)	581^{75}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FEDERATED

15

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 68

Nov. 8 1953

Full name of deceased John A Clingerman Age 86

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 581^{75}
(B)	Accommodation Items	$ 20^{00}
	Total (A & B)	$ 601^{75}
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 601^{75}

My, or our, preference for settlement is:

Terms 15^{00} discount if paid on or before Dec. 8, 1953

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Anna A. Clingerman
Signature of Purchaser

Address

Cromwell Ind.
City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

FOLIO ______________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________________195____ Amt. $__________

Payment Received in Full______________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		
		11/10/53	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 17

Number of Burial Permit

1. FULL NAME Tony Clyde Jones

Residence No. St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ....yrs....mos....ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Allen Township Wayne

Address Methodist Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH November 2 Hour 8:00 AM

CAUSE OF DEATH Heart Insufficiency

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war 3.(c) Social Security No.

4. SEX male	5. COLOR or RACE white	6.(a) Single, Married, Widowed or Divorced (write the word) widowed

6.(b) Name of husband or wife 6.(c) Age of husband or wife if alive ....years

7. DATE OF BIRTH (month, day, & year) June 27 1891

8. AGE Years	Months	Days	If less than 1 day ....hrs. or ....min.
62	4	5	

9. Birthplace Elkhart (City, town, or county) Indiana (State or foreign country)

10. Usual occupation

11. Industry or business

Father
12. Name Zachariah Taylor Jones
13. Birthplace (City, town, or county) (State or foreign country)

Mother
14. Maiden name Catherine Hahn
15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs Lyda Blake
P. O. Address 224 Douglas St. Ft. Wayne

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery Indian Village (b) DATE Nov. 4, 1953
Location Indian Village Ind. (Township, Road Dist., Village or City)
County Noble State Ind.

CEMETERY LOT NO. Owner of Lot
Section Grave No.

PHYSICIAN Dr. Sahlman
Address Ft. Wayne, Ind. Phone No.
SURVIVED BY
Sister Mrs. Lyda Blake

WAR RECORD: Enlisted Discharged
Name War
Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Nov. 4, 1953
TIME 2:00 PM
PLACE L H Moore Funeral Home
CLERGYMAN Rev. K. E. Maynard
Address Cromwell, Ind. Phone No.
SINGERS

BEARERS
Active

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

Purchase Date	Size		
From	Mfrs. No.	Description	Interior
Cost before Cash Discount	Trimmed Complete	Our Number	Finish
		Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 150 00	
Outside Receptacle (Kind)		
B. Cash Advanced for Accommodation Items		
C. Additional items ordered later		
Total $		
Amount Paid - Cash -		
Balance $		150 00

Terms:

Selling Price of This Funeral Service	☞	150 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	49.00	
*Outer Case-Cost - $ Selling Price		
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
	10.00	
Total		
Total Cash Advances	10.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	69.00
Gross Profit on Funeral		81.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		279.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

- Personal and Staff Service
- Preparation and Preservation
- Funeral Facilities and Equipment
- Visitors Register
- Acknowledgment Cards
- Funeral Car
- Casket Coach
- Casket
- Outside Receptacle
- Clothing
- Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

- Tax
- Cemetery Charges
- Additional Autos
- Telegrams
- Long Distance Telephone Calls
- R. R. Transportation
- Flowers
- Clergyman
- Special Music
- Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	150.00
Outside Receptacle	
Clothing	
Slippers	
Total (A)	

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

763

14

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 67

Nov 3 1953

Full name of deceased Tony Clyde Jones Age 62

Deceased is ______ of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 150.00
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later	$
Total Amount	$ 150.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Township pays burial!

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By ______

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.__________________195____ Amt. $________

Payment Received in Full____________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
11/14/54

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 66

Number of Burial Permit

1. FULL NAME Don W. Harlan

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Allen Township —

Address Ft. Wayne

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Oct. 21, 1953 Hour 9:45 AM

CAUSE OF DEATH Bulbar Polio

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. 317-18-1003

4. SEX Male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Dorothy

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Nov. 4, 1912

8. AGE Years 40 Months Days If less than 1 day hrs. or min.

9. Birthplace Noble (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Father 12. Name William O. Harlan

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Lottie Kitt

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Dorothy Harlan

P. O. Address Cromwell

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Merriam

(b) DATE Oct 24, 1953

Location Merriam (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr J R. Roth

Address Wolf Lake Phone No.

SURVIVED BY widow Dorothy, 3 sons, Joseph John Michael Mother Lottie Harlan 1 brother James, 1 sister Mrs. Mary Gaskill Elkhart Kendallville

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Oct 24, 1953

TIME 2:00 P.M.

PLACE

CLERGYMAN Rev. Donnell Campbell

Address Huntington, Ind. Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6-23	Description	Interior Satin
From M E Gurney	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Grey

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 595.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	
C. Additional items ordered later	
Total $	
Amount Paid - Cash -	
Balance $	670.00

Terms:

Selling Price of This Funeral Service	☞	670.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	137.50	
*Outer Case-Cost - $45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	227.50	
Total Cash Advances		
Discount (if not figured in operation cost)	17.00	
Total Net Cost of Funeral	☞	244.50
Gross Profit on Funeral		425.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		+ 65.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket
Outside Receptacle
Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

FORM OA-C721
(9-50)

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.1.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Don W. Harlan
NAME OF DECEASED

317-18-1003
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

763

13

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	595.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	670.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 66

Oct. 22 1953

Full name of deceased Don W. Harlan Age 40

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ ~~595.00~~ 670.00
(B)	Accommodation Items	$
	Total (A & B)	$ 670.00
*(C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 670.00

My, or our, preference for settlement is:

Terms $17.00 discount if paid on or before Nov. 22, 1953

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full________________195____ Check Number________________

Individual Payments Received as follows:

11/18/53

Pd in full LHM

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 65

Number of Burial Permit

1. FULL NAME Ollie Elvina Biddle

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Noble

Address Luckey Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX female

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) widowed

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) May 25, ~~1953~~ 1873

8. AGE

Years	Months	Days	If less than 1 day
80	4	24	hrs. or min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father

12. Name Wes Kinder

13. Birthplace (City, town, or county) (State or foreign country)

Mother

14. Maiden name Rebecca Candy

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Chester Biddle

P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE Oct 19, 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

DATE OF DEATH October 19, 1953 Hour 3.00 P.M.

CAUSE OF DEATH Fractured Hip

Ac. cardio Vascular Renal Disease

PHYSICIAN Dr. Q. F. Stultz

Address Ligonier, Ind. Phone No.

SURVIVED BY Chester, Cromwell - Howard, Bristol

Dewey - Ligonier - Step-daughter Agnes Moe Ligonier.

3 grand children - 4 great grand children -

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Oct. 21, 1953

TIME 2:00 PM

PLACE L H Moore Funeral Home

CLERGYMAN Rev. Harry Myers

Address Cromwell, Ind. Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grove No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 2/6 - 23	Description Metal	Interior Satin
From W. E. [illegible]	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Grey

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 637.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total $	
	Amount Paid - Cash -	
	Balance $	732.00

Terms:

Selling Price of This Funeral Service	☞	732.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	151.00	
*Outer Case-Cost - $45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	241.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	19.00	
Total Net Cost of Funeral ☞		280.00
Gross Profit on Funeral		452.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		+ 92.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	637.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	712.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

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12

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 65

October 19 1953

Full name of deceased Ollie E. Biddle Age 80

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$712.00
(B)	Accommodation Items	$20.00
	Total (A & B)	$732.00
*(C)	Additional items ordered later	$
	Total Amount	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $19.00 Discount if paid on or before Nov. 19, 1953

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.__________________195____ Amt. $________

Payment Received in Full________________________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/21/53	7,13 00	7,13 00	—

Pd in full
10/21/53

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 64

Number of Burial Permit

1. FULL NAME Fannie M. Phares

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. 7 ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township

Address Kendallville

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH October 3, 1953 Hour

CAUSE OF DEATH Pulmonary Embolism

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. None

4. SEX female

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Bly

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Mar. 22, 1894

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
59	6	11	

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father

12. Name Abraham Long

13. Birthplace (City, town, or county) (State or foreign country)

Mother

14. Maiden name Anna Baker

15. Birthplace (City, town, or county) State or foreign country)

16. INFORMANT Bly Phares

P. O. Address Kimmell, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta (b) DATE Oct 6 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. J. R. Nash

Address Albion Phone No.

SURVIVED BY Husband, Dale & Leland of Elkhart

South Bend

3 grand children, sister Lillie Files

5 brothers Clyde, Elmer, Lawrence, Bly & Fred.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Tuesday Oct. 6, 1953

TIME 2.00 PM

PLACE Big Lake Church of God

CLERGYMAN Brother Dreyer asst. Rev. Wright

Address Ft. Wayne Phone No.

SINGERS

BEARERS R. L. Eaton, Clarence McFarren

Active Merl Gilbert, Richard [illegible]

Neal Hosty, John Kohler

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6-23	Description Metal	Interior Satin twill
From M E Gurney	Mfrs. No.	Our Number	Finish Gloss
Cost before Cash Discount /	Trimmed Complete	Covering	Color Bronze

SALE AND COST RECORD

A.	Services, including casket and merchandise $	545.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	21.75
C.	Additional items ordered later	
	Total $	
	Amount Paid - Cash -	
	Balance $	641.75

Terms:

Selling Price of This Funeral Service	☞	641.75

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost - $ 45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	21.75	
Discount (if not figured in operation cost)	16.35	
Total Net Cost of Funeral	☞	243.10
Gross Profit on Funeral		398.65
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent	+	38.65

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car			
	Casket Coach			
	Casket			
	Outside Receptacle			
	Clothing			
	Slippers			
	Total (A)			
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	545^{00}
Outside Receptacle	75^{00}
Clothing	21^{75}
Slippers	
Total (A)	641^{75}

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

763

11

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 64

Oct. 4 1953

Full name of deceased Fannie M. Phares Age 59

Deceased is wife of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 641^{75}

(B) Accommodation Items . . . . . . $

Total (A & B) $

*(C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 641^{75}

My, or our, preference for settlement is:

Terms 416^{35} if paid on or before
Nov. 4 1953
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

[illegible] Phares
Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Oct 7-53	1257		—
		Paid In Full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 63

Number of Burial Permit

1. FULL NAME Richard Allen Loveless

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ......yrs. ......mos. ......ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County [illegible] Township Sparta

Address

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH 9/9/53 Hour 9:30

CAUSE OF DEATH Fractured Skull

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX M.

5. COLOR or RACE White

6.(a) Single, Married, Widowed or Divorced (write the word)

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive ......years

7. DATE OF BIRTH (month, day, & year) Sept. 11, 1950

8. AGE Years	Months	Days	If less than 1 day ...... hrs. or ...... min.
2	11		

9. Birthplace Wolf Lake (City, town, or county) Ind. (State or foreign country)

10. ~~Usual occupation~~

11. ~~Industry or business~~

Father

12. Name John Lane Loveless

13. Birthplace Cromwell, (City, town, or county) Ind (State or foreign country)

Mother

14. Maiden name [illegible]

15. Birthplace Ligonier, Sparta Twp. (City, town, or county) (State or foreign country)

16. INFORMANT John Loveless

P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE 9/11 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN [illegible]

Address Ligonier Phone No.

SURVIVED BY [illegible]

Ligonier & Ligonier

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION [illegible]

FRATERNAL AFFILIATIONS

FUNERAL DATE 9/11/53

TIME 2 P.M.

PLACE [illegible]

CLERGYMAN Rev. Myers

Address Cromwell. Ind. Phone No.

SINGERS

BEARERS Richard Calbeck, Allen [illegible]

~~Active~~ [illegible]

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $

Outside Receptacle

(Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $

Amount Paid - Cash -

Balance $

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket

*Outer Case-Cost - $ Selling Price

*Embalming - " - $ " "

*Clothing - - " - $ " "

Livery

Total

Total Cash Advances

Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞

Gross Profit on Funeral

**Less Operation Cost per Funeral

Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service

Preparation and Preservation

Funeral Facilities and Equipment

Visitors Register

Acknowledgment Cards

Funeral Car

Casket Coach

Casket

Outside Receptacle

Clothing

Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax

Cemetery Charges

Additional Autos

Telegrams

Long Distance Telephone Calls

R. R. Transportation

Flowers

Clergyman

Special Music

Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service	190.00
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	$50.00
Clothing	
Slippers	
. . . .	
Total (A)	240.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

10

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 63

Sept. 10 1953

Full name of deceased Richard Allen Loveless Age 3

Deceased is son (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$240.00
(B)	Accommodation Items	$
	Total (A & B)	$240.00
*(C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $240.00

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____195____ Check Number____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full
9/21/53

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. [illegible]

Number of Burial Permit

1. FULL NAME James Curtis Halsey

Residence No. (Usual place of abode) St. Ward (if non-resident, give city or town and State)

Length of residence in city or town where death occurred? 6 yrs. 8 mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell, Ind

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Aug. 31, 1953 Hour 12:10 PM

CAUSE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no

3.(c) Social Security No. 308-30-2096

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Grace

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Feb. 20, 1893

8. AGE Years ~~59~~ 60 Months 6 Days 11 If less than 1 day hrs. or min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Self employed

Father 12. Name William P. Halsey

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Elizabeth Carter

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. James Halsey

P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta (b) DATE Sept. 4, 195

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind

CEMETERY LOT NO 377 Owner of Lot

Section 8 Grave No. 5

PHYSICIAN Dr. J B. Schutt

Address Ligonier Ind. Phone No.

SURVIVED BY Grace - widow

Sterling - Elkhart, Ezra - Elkhart, Wilma -

Kenneth - Ft. Wayne, Arthur - Cromwell Albion

Donald - Hamilton Ohio - Everett Kosher, Nancy Lig.

Morgan - Cromwell, - Claude Halsey - Kimmell

Kelley - Lexington, Ky, Maude Harper - Wolcottville

WAR RECORD: Enlisted Discharged Nora Murphy - Wolf Lake

Name War 16 grand children Mary " " - Wolf Lake

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Sept. 4, 1953

TIME 2:00 P.M.

PLACE L H Moore Funeral Home

CLERGYMAN Rev Claude Lawson

Address Ft. Wayne Phone No.

SINGERS

BEARERS Raleigh Halsey, Elbert Halsey

Active Garret Murphy, Joe Murphy

Bob Murphy, Carl Murphy

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6/3 - 27	Description	Octagon	Interior	Satin Twill
From	M E Gurney	Mfrs. No.		Our Number	/	Finish	
Cost before Cash Discount	/	Trimmed Complete		Covering	Cloth	Color	Grey

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 343.00
	Outside Receptacle (Kind)	75.00
		19.75
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total $	437.75
	Amount Paid - Cash -	
	Balance $	437.75

Terms:

Selling Price of This Funeral Service	☞	437.75

REVENUE ITEMS AND THEIR COST

Cost of Casket	59.50	
*Outer Case-Cost - $45= Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total		
Total Cash Advances	19.75	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	154.25
Gross Profit on Funeral		283.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		-76.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)			
Total Amount			

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	343 00
Outside Receptacle	75 00
Clothing	19 75
Slippers	
Total (A)	437 75

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

763

9

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 62

August 31 1953

Full name of deceased James Curtis Halsey Age

Deceased is Father (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 437 75
(B)	Accommodation Items	$
	Total (A & B)	$ 437 75
*(C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 437 75

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

James H. Halsey
Signature of Purchaser

L. H. MOORE FUNERAL HOME

By L H Moore

Address
Cromwell Indiana
City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $________

Payment Received in Full________________________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/5/53	418 75	120 00	298 75
11/21/53	298 75	150 –	148 75
2/13/54	148 75	25 –	123 75
4/19/54	142 75	75 –	67 75
7/27/54	67 75	67 75	

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 61

Number of Burial Permit

1. FULL NAME Iron Brooks Archer

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. 8 mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH
County Kosciusko Township
Address Pierceton
(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH August 19, 1953 Hour 3:45 PM
CAUSE OF DEATH Mesentric Thrombosis, Cardiac Decompositia

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war
3.(c) Social Security No. none

4. SEX	5. COLOR or RACE	6.(a) Single, Married, Widowed or Divorced (write the word)
male	white	widowed

6.(b) Name of husband or wife
6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Dec. 26, 1869

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
83	7	23	

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm owner

Father
12. Name John Archer
13. Birthplace (City, town, or county) (State or foreign country)

Mother
14. Maiden name Mary E. More
15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Alma Archer
P. O. Address R.R. #2 Ligonier Ind.

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery Sparta
Location Kimmell (Township, Road Dist., Village or City)
County Noble State Indiana
(b) DATE 8/22, 1953

PHYSICIAN Dr. Schuldt
Address Pierceton Phone No.
SURVIVED BY Daughter in law - Alma Archer
4 grandchildren - Adrain Archer,
Ray Archer, Clair Archer
Irma Russell, 9 grandchildren
& 1 neice - Dorothy Shock

WAR RECORD: Enlisted Discharged
Name War
Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant
FRATERNAL AFFILIATIONS

FUNERAL DATE August 22, 1953
TIME 2:00 PM
PLACE L H Moore Funeral Home
CLERGYMAN Rev. H. E. Maynard
Address Cromwell, Ind. Phone No.
SINGERS

BEARERS Adrain, Ray, Clair Archer,
Active Ray Russell, Charles Allen,
& Glen Click.

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23	Description State	Interior Satin Twill
From M E Gurney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Rose	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $	397.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	
Total $	
Amount Paid - Cash -	
Balance $	492.00

Terms: net 30

Selling Price of This Funeral Service	☞	492.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	75.00	
*Outer Case-Cost - $45.00 Selling Price	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	165.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	~~10~~	
Total Net Cost of Funeral	☞	185.00
Gross Profit on Funeral		307.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		— 53.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

8

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	397⁰⁰
Outside Receptacle	75⁰⁰
Clothing	
Slippers	
Total (A)	472⁰⁰

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20⁰⁰
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20⁰⁰

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	492⁰⁰

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 61

August 20 1953

Full name of deceased Aron Brooks Archer Age 83

Deceased is Father-In-Law of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$472⁰⁰
(B)	Accommodation Items	$20⁰⁰
	Total (A & B)	$492⁰⁰
*(C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $492⁰⁰

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full____________________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8/29/53	492 00	492 00	

Paid in full
B.M.

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 60

Number of Burial Permit

1. FULL NAME William H. Crow

Residence No. Cromwell St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. 22 ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County La Port Township

Address Westville - Dr. Norman Beatty Memorial Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH June 1953 Hour 12 noon

CAUSE OF DEATH Fracture Hip

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Rosella

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Mar 21, 1868

8. AGE Years 85 Months 2 Days 28 If less than 1 day hrs. or min.

9. Birthplace Kosciusko (City, town, or county) Indiana (State or foreign country)

10. Usual occupation

11. Industry or business

Father

12. Name Wm. H. Crow

13. Birthplace (City, town, or county) (State or foreign country)

Mother

14. Maiden name Jeanette Parith

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT G. D. Crow

P. O. Address Chicago, Illinois

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE June 22, 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN

Address Phone No.

SURVIVED BY Widow - Rosella

2 sons ~~Billie~~ William W. - Chatanooga, Tenn

G. D. - Chicago Ill. - 244 E. Pearson

1 sister - Jeanette Marquis, Ft Wayne

3 grandchildren

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Lutheran

FRATERNAL AFFILIATIONS

FUNERAL DATE June 22, 1953

TIME 3:00 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Harry L. Myers

Address Phone No.

SINGERS

BEARERS Active Don Robbins, Al Bunger, Orval Hersey, Chet Sloan, Harrison Seabron, W. M. Cole

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY LH Moore License No. 1758

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 24	Description Armco Iron	Interior Velvet Rose Beige
From M. E. Gurney	Mfrs. No.	Our Number	Finish Gloss
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 775.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	20.00
C. Additional items ordered later	85.00
Total $	955.00
Amount Paid - Cash -	
Balance $	

Terms: 23.25 30 days

Selling Price of This Funeral Service	☞	955.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	194.50	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	284.50	
Total Cash Advances	105.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		389.50
Gross Profit on Funeral		566.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		+206.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

- Personal and Staff Service
- Preparation and Preservation
- Funeral Facilities and Equipment
- Visitors Register
- Acknowledgment Cards
- Funeral Car
- Casket Coach
- Casket
- Outside Receptacle
- Clothing
- Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

- Tax
- Cemetery Charges
- Additional Autos
- Telegrams
- Long Distance Telephone Calls
- R. R. Transportation
- Flowers
- Clergyman
- Special Music
- Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	775.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	850.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges ✓	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
~~Embalming removal~~	~~55.00~~
Total (B)	20.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Embalming + removal	55.00
Motor Trip to Michigan City	30.00
Total (C)	85.00
Total Amount	

7

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No 60

June 20 1953

Full name of deceased William H. Crow Age 85

Deceased is Father of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$850.00
(B)	Accommodation Items	$20.00
	Total (A & B)	$870.00
*(C)	Additional items ordered later	$85.00
	Total Amount	$955.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount $23.25 if paid in full by July 20, 1953

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
6/22/53	955 –	955 –	
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 59

Number of Burial Permit

1. FULL NAME Ida Jane Hursey

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 4 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Elkhart Township —

Address Elkhart General Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH June 14, 1953 Hour 7:30 AM

CAUSE OF DEATH Shock & Fracture Hip

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX female

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) widowed

6.(b) Name of husband or wife William

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Dec. 27, 1861

8. AGE Years 91 Months 5 Days 17 If less than 1 day hrs. or min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father 12. Name Beam

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Stephenson

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Dale Hursey

P. O. Address Cromwell, Ind. RR#1

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta (b) DATE June 17, 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Indiana

PHYSICIAN Dr. Kentner

Address Phone No.

SURVIVED BY Dale Hursey Cromwell

Mrs Vera Jentz, So. Bend

Mrs. Mary Babcock, Elkhart

James Ofman, Col. City

Mrs Ethel Poyser Cromwell

12 grand 29 great-grand children

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Lutheran

FRATERNAL AFFILIATIONS None

FUNERAL DATE June 17, 1953

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Harry T. Myers

Address Cromwell, Ind. Phone No.

SINGERS

BEARERS Grandchildren

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6/6 - 23	Description	Oak	Interior	satin Egg-shell
From	Coble Casket Co.	Mfrs. No.		Our Number		Finish	Gloss
Cost before Cash Discount		Trimmed Complete		Covering		Color	Port Brown

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 535.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	25.00
C.	Additional items ordered later	
	Total $	635.00
	Amount Paid - Cash -	
	Balance $	

Terms: 10% 30 days

Selling Price of This Funeral Service	☞	635.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	95.90	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	185.90	
Total Cash Advances	25.00	
Discount (if not figured in operation cost)	10.70	
Total Net Cost of Funeral	☞	221.60
Gross Profit on Funeral		413.40
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		453,40

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)			
Total Amount			

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	535.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	610.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	5.00
Special Music	
Obituary Notices	
Total (B)	25.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	635.00

TRIPLICATE
Form D F 22
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6

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 59

June 15 1953

Full name of deceased Ida Jane Hursey Age 91

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$610.00
(B)	Accommodation Items	$25.00
	Total (A & B)	$635.00
*(C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $

My, or our, preference for settlement is:

Terms Discount of $10.00 if paid in full on or before July 15, 1953

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full________________________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
		624 38	
		Pd in full	
		6/18/53	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 58

Number of Burial Permit

1. FULL NAME Vicky Ann Hewitt

Residence No. Kimmell (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ....yrs....mos....ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Kimmell, Ind.

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH May 31, 1953 Hour

CAUSE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX female

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) single

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive ....years

7. DATE OF BIRTH (month, day, & year) May 17, 1953

8. AGE

Years	Months	Days	If less than 1 day ....hrs. or ....min.
0	0	14	

9. Birthplace Wolf Lake (City, town, or county) Indiana (State or foreign country)

10. Usual occupation

11. Industry or business

Father

12. Name Herschel LeRoy Hewitt

13. Birthplace (City, town, or county) Indiana (State or foreign country)

Mother

14. Maiden name Lila LaVern Burns

15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. INFORMANT H. L. Hewitt

P. O. Address Kimmell

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE ~~May~~ June 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. O. F. Stults

Address Ligonier Phone No.

SURVIVED BY Parents, 2 sisters - Peggy Jean + Linda Sue - 1 brother - Randall Lee Grandparents - maternal + paternal Mr + Mrs. Lee Hewitt & Mr + Mrs. Randall Burns Ft. Wayne Rt. Ligonier, Ind.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Graveside - June 1, 1953

TIME 11:00 AM

PLACE Sparta Cemetery

CLERGYMAN E. F. Kent

Address Wawaka, Ind. Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $

Outside Receptacle

(Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $

Amount Paid - Cash -

Balance $

Terms:

Selling Price of This Funeral Service ☞

Baby

REVENUE ITEMS AND THEIR COST

Cost of Casket

*Outer Case-Cost - $ Selling Price

*Embalming - " - $ " "

*Clothing - - " - $ " "

Livery

Total

Total Cash Advances

Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞

Gross Profit on Funeral

**Less Operation Cost per Funeral

Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service

Preparation and Preservation

Funeral Facilities and Equipment

Visitors Register

Acknowledgment Cards

Funeral Car

Casket Coach

Casket

Outside Receptacle

Clothing

Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax

Cemetery Charges

Additional Autos

Telegrams

Long Distance Telephone Calls

R. R. Transportation

Flowers

Clergyman

Special Music

Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

TRIPLICATE

Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	$60.00
Outside Receptacle	
Clothing	
Slippers	
	$60.00
Total (A)	

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

5

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 58

May 31 1953

Full name of deceased Vicky Ann Hewitt Age 14 days

Deceased is daughter (Give relationship) of person arranging services.

(A) Services, including merchandise	$60.00
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later	$
Total Amount	$60.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Herschel L Hewitt
Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full______________________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		
		7/18/53	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 57

Number of Burial Permit

1. FULL NAME Harry Lester Galloway

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. 23 ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Noble

Address Luckey Hospital
Wolf Lake, Ind.

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH May 23, 1953 Hour 4:20 AM

CAUSE OF DEATH ~~Dr. James Roth~~

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. none

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) May 13, 1881

8. AGE	Years	Months	Days	If less than 1
	72	0	10	day hrs. or min.

9. Birthplace Noble (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Father

12. Name Perry Galloway

13. Birthplace unknown (City, town, or county) (State or foreign country)

Mother

14. Maiden name Margaret Brumbaugh

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Harry Galloway

P. O. Address Cromwell, Ind. R.R. #1

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE May 25, 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. James Roth

Address Wolf Lake Phone No.

SURVIVED BY widow – Amy
Paul Galloway – ~~Cromwell~~ Ft. Wayne, Ind.
Pauline McCormick – Ft. Wayne, Ind.
1 grandson
sisters: Mrs. Emma Long of near Cromwell
Mrs. Nellie Johnson, Dunlap, [illegible]

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Monday May, 25, 1953

TIME 2:00 P. M.

PLACE S. H. Moore Funeral Home

CLERGYMAN Rev. O. C. Truesdale

Address Syracuse, Ind. Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY S. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

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DESCRIPTION OF CASKET

Purchase Date
From M. E. Gurney
Cost before Cash Discount

Size 6/6 - 23
Mfrs. No.
Trimmed Complete

Description Nut Brown Oak
Our Number
Covering

Interior satin Rose Tan
Finish Gloss
Color Nut Brown

SALE AND COST RECORD

A. Services, including casket and merchandise $ 560.00
Outside Receptacle (Kind) 75.00
B. Cash Advanced for Accommodation Items 32.00
C. Additional items ordered later

Total $ 667.00
Amount Paid - Cash -
Balance $

Terms: 16.80 30 days

Selling Price of This Funeral Service ☞ 667.00

REVENUE ITEMS AND THEIR COST

Cost of Casket 124.00
*Outer Case-Cost - $ 45.00 Selling Price 75.00 75.00
*Embalming - " - $ " "
*Clothing - - " - $ " "
Livery 15.00

Total 219.00

Total Cash Advances 32.00
Discount (if not figured in operation cost) 16.80

Total Net Cost of Funeral ☞ 267.80
Gross Profit on Funeral 399.20
**Less Operation Cost per Funeral 360.00
Net Profit or Loss Apparent + 39.20

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

SPARTA CHRISTIAN CHURCH CEMETERY, KIMMELL, INDIANA -- GRAVE OPENING REQUEST

Date May 23 1953

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Harry [illegible]

in Burial Space Five (5) Lot [illegible] Section 4, Recorded in the name of

Harry [illegible]

Vault Size Cromwell Vault

Grave opening to be ready by 11:00 A. M. / P. M. Date Monday, May 25, 19 5

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 20.00 for grave opening and

7.00 assessments

x Lloyd H. Moore — Cromwell, Funeral Direct

(Signatures of relatives or legal representatives). (Address and relationship to deceased or authority to sign).

Funeral Director L. H. Moore Cromwell, Ind Number

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	#560 00
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	75 00
Clothing	
Slippers	
Total (A)	635 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	#27 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	5 00
Special Music	
Obituary Notices	
Total (B)	#32 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	667 00

4

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 57

May 23 1953

Full name of deceased Harry L. Galloway Age 72

Deceased is Husband of person arranging services.
(Give relationship)

(A) Services, including merchandise	$635 00
(B) Accommodation Items	$32 00
Total (A & B)	$667 00
*(C) Additional items ordered later	$
Total Amount	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of #16 80 if paid in full on or before June 23, 1953

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. May 25 1953 Amt. $667.00

Payment Received in Full May 26 1953 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5/26/53	667 00	650 20	16 80 due

pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

William Henry Carter
(Name of deceased wage earner)

366-09-2726
(Account number).

ENCLOSURE:

(You may detach here and save top portion for your files)

RECORD OF FUNERAL

No. 56

Number of Burial Permit

1. FULL NAME William Henry Carter

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 14 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH April 11, 1953 Hour 10:45 PM

CAUSE OF DEATH Asthmatic Heart condition

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. 366-09-2726

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) widowed

6.(b) Name of husband or wife Anna

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Feb. 22, 1882

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
71	1	19	

9. Birthplace (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

Father

12. Name Albert Carter

13. Birthplace Unknown (City, town, or county) (State or foreign country)

Mother

14. Maiden name Unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Fred MacDonald

P. O. Address Cromwell

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Oakwood

(b) DATE April 14, 1953

Location Warsaw (Township, Road Dist., Village or City)

County Kosciusko State Ind.

PHYSICIAN Dr. Paul Webster

Address Ligonier, Ind. Phone No.

SURVIVED BY Evelyn McDonald of Cromwell

2 sisters Mrs. Alice Smith, Miami Beach, Fla.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE April 14, 1953 – Tuesday

TIME 11:00 AM

PLACE L A Moore Funeral Home

CLERGYMAN Rev. K. Edward Maynard

Address Cromwell, Ind. Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. A. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $
Outside Receptacle
(Kind)
B. Cash Advanced for Accommodation Items
C. Additional items ordered later

Total $
Amount Paid - Cash -
Balance $

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket
*Outer Case-Cost - $ Selling Price
*Embalming - " - $ " "
*Clothing - - " - $ " "
Livery

Total

Total Cash Advances
Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞
Gross Profit on Funeral
**Less Operation Cost per Funeral
Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected
Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.
Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

FEDERATED 3

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 56

April 13 1953

Full name of deceased William H. Carter Age 71

Deceased is Uncle of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$100.00
(B)	Accommodation Items	$25.00
	Total (A & B)	$125.00
*(C)	Additional items ordered later	$
	Total Amount	$125.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms net 30 days.

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Noble County Welfare Dept.
Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	100.00
Outside Receptacle	
Clothing	
Slippers	
Total (A)	100.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	125.00

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________195___ Amt. $________

Payment Received in Full____________________195___ Check Number__________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
June 2/53	125 00	125 00	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 55

Number of Burial Permit

1. FULL NAME Cora B. Maggart

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH April 11, 1953 Hour 1:10 P M

CAUSE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war 3.(c) Social Security No.

4. SEX female	5. COLOR or RACE white	6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Lucius A.

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) July 24, 1879

8. AGE Years	Months	Days	If less than 1
73	8	17	day hrs. or min.

9. Birthplace Cromwell (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father 12. Name Rufus Borcus Sr.

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Sarah Mayfield

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Joseph Maggart

P. O. Address R R #3 Syracuse, Ind.

17. PLACE OF BURIAL Cremation or Removal (a) Cemetery Sparta (b) DATE April 14, 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. Webster

Address Ligonier Phone No.

SURVIVED BY Mrs. Grover Johnston, Kimmell, sister & brother Rufus Borcus, Mishawaka 2 sons Joseph of Syracuse, Albert of Rolling Prairie 5 grandchildren + 1 great grand child.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Methodist

FRATERNAL AFFILIATIONS

FUNERAL DATE April 14, 1953

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. K. Edward Maynard

Address Cromwell Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/3 - 22	Description octagon	Interior satin twill Eggshell
From M. E. Gurney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount /	Trimmed Complete	Covering Doeskin	Color Grey

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 343.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total $	418.00
	Amount Paid - Cash -	
	Balance $	

Terms: [illegible]

Selling Price of This Funeral Service	☞	418.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	59.50	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	10.00	
Total	144.50	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	144.50
Gross Profit on Funeral		273.50
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		-(86.50)

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected		
	Personal and Staff Service		
	Preparation and Preservation		
	Funeral Facilities and Equipment		
	Visitors Register		
	Acknowledgment Cards		
	Funeral Car		
	Casket Coach		
	Casket		
	Outside Receptacle		
	Clothing		
	Slippers		
	Total (A)		
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.		
	Tax		
	Cemetery Charges		
	Additional Autos		
	Telegrams		
	Long Distance Telephone Calls		
	R. R. Transportation		
	Flowers		
	Clergyman		
	Special Music		
	Obituary Notices		
	Total (B)		
(C)	ADDITIONAL ITEMS ORDERED LATER		
	Total (C)		
	Total Amount		

763

2

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 55

April 17 1953

Full name of deceased Cora B. Maggart Age 73

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise . . .	$ 418.00
(B)	Accommodation Items	$
	Total (A & B)	$ 418.00
*(C)	Additional items ordered later . . .	$
	It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.	Total Amount $ 418.00

My, or our, preference for settlement is:

Terms Net 30 days.

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By X

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

---

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	343.00
Outside Receptacle	75.00
Clothing	
Slippers	
. . . .	
Total (A)	418.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________________195_____ Amt. $__________

Payment Received in Full__________________________________195_____ Check Number__________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4/13/53	418 00	100 00	318 00
4/22/53	318 00	109 00	209 00
7/30/53	209 00	59 00	150 00
9/29/53	150 00	50 00	100 00
12/26/53	100 00	20 00	80 00
4/12/53	80 00	10 00	70 00
6-16-54	70 00	20 00	50 00
Oct 5-54	50 00	15 00	35 00
Nov. 16-54	35 00	10 00	25 00
11-8-55	25 00	10 00	15 00
	15 00		

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 54

Number of Burial Permit

1. FULL NAME Henry M. Smith

Residence No. 807 ave St. Mishawaka Ward (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 5 yrs. ... mos. ... ds. If foreign born, how long in the U. S. A.? U. S. A.

2. PLACE OF DEATH

County St. Joseph Township

Address St. Joseph Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH March 1, 1953 Hour 1:45 A. M.

CAUSE OF DEATH Cerebral Hemorrhage

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no

3.(c) Social Security No. none

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) widowed

6.(b) Name of husband or wife Mattie

6.(c) Age of husband or wife if alive ... years

7. DATE OF BIRTH (month, day, & year)

8. AGE Years	Months	Days	If less than 1 day ... hrs. or ... min.
80	10	14	

9. Birthplace Cameron (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm owner

Father

12. Name E. J. Smith

13. Birthplace (City, town, or county) Missouri (State or foreign country)

Mother

14. Maiden name Mary Moore

15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. INFORMANT Mr. Lynn Smith

P. O. Address So. Bend. Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta (b) DATE Mar 4 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. C. E. Walters

Address Mishawaka Phone No.

SURVIVED BY 2 daughters Mrs. Merle Wolfe, Mich. Mrs. Charlie Bowling Mich. 1 son Lynn Smith, So. Bend. 1 ½ sister Mrs. May Wiley Maysville Mo. 1 ½ brother Carl Smith Cameron, Mo. & 3 grandchildren & 6 great grandchildren

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS Cromwell Masonic Lodge 705

FUNERAL DATE March 4, 1953

TIME 2:00 P. M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. K. E. Maynard

Address Cromwell Phone No.

SINGERS

BEARERS Active Joe De Bruler, Dale Hursey, Fred Gigax, Merl Galloway, Don Shidler, Dennis Brown, Kenneth Colbeck, Harold Bitner Jr.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date
From M. E. Gunny
Cost before Cash Discount /

Size 6/6 - 23
Mfrs. No.
Trimmed Complete

Description Nile Blue Steel
Our Number
Covering

Interior Bride's satin Ivory
Finish Gloss
Color Blue

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 721.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	23.95
C.	Additional items ordered later	
	Total	$ 819.95
	Amount Paid - Cash -	
	Balance	$

Terms: 21.63 30 days

Selling Price of This Funeral Service	☞	819.95

REVENUE ITEMS AND THEIR COST

Cost of Casket	181.00	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	271.00	
Total Cash Advances	23.95	
Discount (if not figured in operation cost)	21.63	
Total Net Cost of Funeral	☞	316.58
Gross Profit on Funeral		503.37
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		+ 143.37

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car		
Casket Coach		
Casket		
Outside Receptacle		
Clothing		
Slippers		
Total (A)		

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)		
Total Amount		

TRIPLICATE Form D f 22
Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	721.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	796.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	[redacted]
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Shirt	2.95
Tie	1.00
Total (C)	
Total Amount	

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

1

FUNERAL PURCHASE RECORD

No. 54

March 1 1953

Full name of deceased Henry M. Smith Age 80

Deceased is Father (Give relationship) of person arranging services.

(A) Services, including merchandise	$796.00
(B) Accommodation Items	$20.00
Total (A & B)	$816.00
*(C) Additional items ordered later	$3.95
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.	
Total Amount	$819.95

My, or our, preference for settlement is:

Terms $21.63 discount if paid on or before April 1, 1953

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________195____ Amt. $________

Payment Received in Full____________________195____ Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3/11/53	798 32	798 32	
		pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 53

Number of Burial Permit

1. FULL NAME Wylie Amherst Miller

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 20 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell, Indiana R.R. #1

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Dec. 30, 1952 Hour 1:00 AM

CAUSE OF DEATH Coronary occlusion

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no

3.(c) Social Security No. 317-03-4017

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Cleo

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) March 27, 1903

8. AGE Years 49 Months 9 Days 3 If less than 1 day hrs. or min.

9. Birthplace Allen (~~City, town~~ or county) Indiana (State or foreign country)

10. Usual occupation factory worker

11. Industry or business

Father 12. Name Joseph Miller

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Mary Hazlet

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Cleo Miller

P. O. Address R.R. #1, Cromwell

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta (b) DATE Jan 1 1953

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. Q. F. Stultz

Address Ligonier Phone No.

SURVIVED BY Widow - Cleo

2 sons - Kenton Miller, Ligonier

Marvin at home

1 daug Marilin Plank, Cromwell

1 sister-

Clarence - Ft. Wayne; Jesse - Warsaw - George Col. City

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Jan 1, 1953

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. K. E. Maynard

Address Cromwell, Ind Phone No. 15

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date
From M. E. Gurney
Cost before Cash Discount

Size 2/3/22
Mfrs. No.
Trimmed Complete

Description Octagon
Our Number
Covering

Interior satin twill Eggshell
Finish Doeskin
Color Grey

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ ~~418.00~~ 343.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total $	418.00
	Amount Paid - Cash -	
	Balance $	

Terms:

Selling Price of This Funeral Service	☞	418.00

REVENUE ITEMS AND THEIR COST

Cost of Casket			59.50	
*Outer Case-Cost - $45.00	Selling Price	75.00	75.00	
*Embalming - " - $	" "			
*Clothing - - " - $	" "			
Livery			15.00	
Total			149.50	
Total Cash Advances				
Discount (if not figured in operation cost)				
Total Net Cost of Funeral			☞	149.50
Gross Profit on Funeral				268.50
**Less Operation Cost per Funeral				360.00
Net Profit or Loss Apparent				-91.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

TRIPLICATE Form D.F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	343^{00}
Outside Receptacle	75^{00}
Clothing	
Slippers	
Total (A)	418^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

763

18

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 53

Dec 30 1952

Full name of deceased Wylie A. Miller Age

Deceased is Husband (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 418^{00}
(B) Accommodation Items	$
Total (A & B)	$ 418^{00}
*(C) Additional items ordered later	$
Total Amount	$ 418^{00}

*It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $200^{00} within 30 days,
$54^{50} per mo for 4 months.
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME
By L. H. Moore

I, or we, accept and approve the above.

Cleo Miller
Signature of Purchaser
R.R. #1
Address
Cromwell Indiana
City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $________

Payment Received in Full____________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Jan 17, '53	418 00	150 00	268 00
Jan 24, '53	268 00	50 00	218 00
4/4/53	218 00	80 00	138 00
4/13/53	138 00	50 00	88 00
5/18/53	88 00	88 00	—

Pd in full

LHM

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
~~Preparation and Preservation~~
Funeral Facilities and Equipment
~~Visitors Register~~
~~Acknowledgment Cards~~
Funeral Car or Sedan
Casket Coach
~~Casket~~

200 00

Outside Receptacle . . . . ________

Clothing . . . . ________
Slippers . . . . ________
. . . . ________

Total (A) ________

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . ________
Additional Autos . . . . . . ________
Telegrams . . . . ________
Long Distance Telephone Calls ________
R. R. Transportation . . . . ________
Flowers . . . . ________
Clergyman . . . . ________
Special Music . . . . . . ________
Obituary Notices . . . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (B) ________

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________
. . . . ________

Total (C) ________

Total Amount

763

17

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 52

Dec. 17 1952

Full name of deceased Mrs Nellie Gantz Age ✓

Deceased is ________ (Give relationship) of person arranging services.

(A) Services, including merchandise . . . $________

(B) Accommodation Items . . . . . . $________

Total (A & B) $________

*(C) Additional items ordered later . . . $________

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $200 00

My, or our, preference for settlement is:

Terms________

____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

____
Signature of Purchaser

____
Address

____
City State

L. H. MOORE FUNERAL HOME

By________

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full____________________195____ Check Number__________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/18/52	200 00	200 00	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 51

Number of Burial Permit

1. FULL NAME Wilbur Ray McCammon

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ....yrs. ....mos. ....ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH December 15, 1952 Hour 2:30 PM

CAUSE OF DEATH Heart Disease

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. 315-09-9660

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Verna

6.(c) Age of husband or wife if alive ....years

7. DATE OF BIRTH (month, day, & year) May 1, 1886

8. AGE Years 66 Months 7 Days 14 If less than 1 day ....hrs. or ....min.

9. Birthplace Noble (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

Father 12. Name Webster McCammon

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Ellen Houty

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Verna McCammon

P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE Dec. 17, 1952

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

CEMETERY LOT NO. 578 Owner of Lot Wilbur + Clarence McCammon

Section 5 Grave No. 1

PHYSICIAN Dr. J. R. Nash

Address Albion Phone No.

SURVIVED BY wife Verna - daughter - Jane Schultz, of Milford 2 brothers, Lee of Cromwell, and Ralph of Washington 2 sisters - Mrs William Long, washington twp Mrs. Charles Baggley of Ft. Wayne 1 grandson

WAR RECORD: Enlisted none Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS none

FUNERAL DATE Dec. 17, 1952

TIME 1:30 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN C. E. Weaver, Reader

Address Goshen 422 Main Phone No.

SINGERS

BEARERS John Robertson, Milo Snyder,

Active Fred Harper, Lawrence Heintzleman, Richard DeMotte, Charles Yoder

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23	Description Metal	Interior Rose Tan
From H. E. Guny	Mfrs. No.	Our Number	Finish [illegible] satin
Cost before Cash Discount /	Trimmed Complete	Covering	Color Bronze

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 535.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total $	630.00
	Amount Paid - Cash -	
	Balance $	

Terms: 16.05 — 30 days

Selling Price of This Funeral Service	☞	630.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)	16.05	
Total Net Cost of Funeral	☞	241.05
Gross Profit on Funeral		388.95
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		28.95

+

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	535.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	610.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

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763

16

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 51

Dec. 15 1952

Full name of deceased Wilbur R. McCammon Age 66

Deceased is Husband of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$ 610.00
(B)	Accommodation Items	$ 20.00
	Total (A & B)	$ 630.00
*(C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 630.00

My, or our, preference for settlement is:

Terms $16.05 discount if paid in full on or before Jan 15, 1953

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.__________________195____ Amt. $________

Payment Received in Full______________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/17/52	613 95	613 95	
			Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 4950

Number of Burial Permit

1. FULL NAME Stephan Brent Tucker

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Allen Township

Address Methodist Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Nov. 13, 1952 Hour 9:10 PM

CAUSE OF DEATH Coronary Occlusion

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX male	5. COLOR or RACE white	6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Mae

6.(c) Age of husband or wife if alive 81 years

7. DATE OF BIRTH (month, day, & year) Feb. 23, 1869

8. AGE Years	Months	Days	If less than 1 day ...... hrs. or ...... min.
83	8	20	

9. Birthplace Cromwell (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Banker

11. Industry or business

Father
12. Name Henry G. Tucker
13. Birthplace (City, town, or county) (State or foreign country)

Mother
14. Maiden name Lydia Primrose
15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT

P. O. Address

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery Oak Park
(b) DATE Nov. 16, 1952
Location Ligonier Ind. (Township, Road Dist., Village or City)
County Noble State Ind.

PHYSICIAN

Address Phone No.

SURVIVED BY Widow - Mae
2 daughters - Mrs. Mildred Colbeck + Mrs. Lois Smith
1 son - Frank Tucker
7 Grand children
14 Great Grand children

WAR RECORD: Enlisted Discharged
Name War
Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS none

FUNERAL DATE Nov. 16, 1952

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. K. E. Maynard + Rev. Beatty

Address Phone No.

SINGERS

BEARERS Ward Rimmell, LeRoy Houtz, ~~Fred Houtz~~ Frank Harper

Active Glenn Click, Dudley Howell, Harvey Hall

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/16 - 23	Description Hardwood	Interior Rostan Satin
From M. E. Genung	Mfrs. No.	Our Number	Finish Gloss - oak
Cost before Cash Discount 122 50	Trimmed Complete	Covering	Color Dark

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 561 00
Outside Receptacle (Kind)	75 00
B. Cash Advanced for Accommodation Items	35 00
C. Additional items ordered later	
Total $	671.00
Amount Paid - Cash -	
Balance $	

Terms: Dis. 16 83 30 days

Selling Price of This Funeral Service	☞	671 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	123 00	
*Outer Case-Cost - $ 75 00 Selling Price 75 00	75 00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	10 00	
Total	208 00	
Total Cash Advances	35 00	
Discount (if not figured in operation cost)	16 83	
Total Net Cost of Funeral	☞	259.83
Gross Profit on Funeral		411.17
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		51.17 +

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket
Outside Receptacle
Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

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(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	$561.00
Outside Receptacle	$75.00
Clothing	
Slippers	
Total (A)	$636.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	$35.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	$35.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

763

15

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 4950

November 14 1952

Full name of deceased S. Brent Tucker Age 83

Deceased is Husband (Give relationship) of person arranging services.

(A) Services, including merchandise	$636.00
(B) Accommodation Items	$35.00
Total (A & B)	$671.00
*(C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $

My, or our, preference for settlement is:

Terms $16.83 Discount if paid in full on or before Dec. 14, 1952

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________195____ Amt. $________

Payment Received in Full____________195____ Check Number________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11/17/52	654 17	654 17	
	pd in full		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 49

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) James (Middle) Harvey (Last) Bowling

STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Ind. COUNTY

PLACE OF DEATH COUNTY STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Logansport

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Longcliff Hosp.

DATE OF DEATH (Month) November (Day) 7 (Year) 1952

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH Sept. 19, 1871

AGE (In years last birthday) 81

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

KIND OF BUSINESS OR INDUSTRY farm Hand.

BIRTHPLACE (State or foreign country) Kentucky

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Baxter Bowling

MOTHER'S MAIDEN NAME Emma Kring

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine)

(Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Lizzie Bell Bowling

Address Ligonier R.R. #2

Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE Nov. 9 1952

Location Kimmell, Ind.

County Noble

State Indiana

DATE OF DEATH Nov. 7, 1952

Hour —

CAUSE OF DEATH Hypostatic Pneumonia

AUTOPSY YES ☐ NO ☑

PHYSICIAN

Address

Phone No.

SURVIVED BY widow - Lizzie Belle

8 children Mrs. Flora [illegible] - near Cromwell

Mrs. Edna Johnston - near [illegible]

son J. E. Bowling - Ft. Wayne

Baxter - Col. City

[illegible] - Toledo

Lee - Toledo

Harley - Toledo

Atheline Fulton - Atlanta, 16 grandchildren

4 great.

1 Br. William near Lig.

RELIGION Protestant

CLERGYMAN

Address

Phone No.

FUNERAL DATE Oct. 9, 1952

TIME 2:00 P.M.

PLACE Kimmell M. E. Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO.

Owner of Lot

Section

Grave No.

FUNERAL DIRECTED BY L. H. Moore

License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date
From M. E. Kenney
Cost before Cash Discount 122.50
Size 6/6 - 23
Mfrs. No.
Trimmed Complete
Description Hardwood
Our Number
Covering
Interior Satin Pure Tan
Finish Oak
Color Dark

SALE AND COST RECORD

A. Services, including casket and merchandise $ 561.00
Outside Receptacle (Kind) 75.00
B. Cash Advanced for Accommodation Items
C. Additional items ordered later

Total 636.00
Amount Paid - Cash -
Balance

Terms: Disc. 16.83 30 days

Selling Price of This Funeral Service ☞ 636.00

REVENUE ITEMS AND THEIR COST

Cost of Casket 122.50
*Outer Case-Cost $45.00 Selling Price 75.00 75.00
*Embalming - " $ " "
*Clothing - - " $ " "
Livery 10.00

Total 207.50

Total Cash Advances
Discount (if not figured in operation cost) 16.83

Total Net Cost of Funeral ☞ 224.33
Gross Profit on Funeral 411.67
**Less Operation Cost per Funeral 360.00
Net Profit or Loss Apparent 51.67

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected
Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket
Outside Receptacle
Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.
Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

TRIPLICATE

Form D F 22
Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	561.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	636.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

763

14

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 48

Nov. 7 1952

Full name of deceased James Harvey Bowling Age 81

Deceased is Husband of person arranging services.
(Give relationship)

(A) Services, including merchandise	$636.00
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later	$
Total Amount	$636.00

*It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount $16.83 if paid on or before Dec. 8, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Nov. 10 1952 Amt. $636.00

Payment Received in Full ________________ 195___ Check Number ________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Nov. 15, 1952	619 17	619 17	Pd. in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 48

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Edith (Middle) (none) (Last) Fausnaugh

STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Ind. COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wolf Lake LENGTH OF STAY (in this place) 8 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital

DATE OF DEATH (Month) Nov. (Day) 4 (Year) 1952

SEX female COLOR OR RACE white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH July 17, 1887 AGE (In years last birthday) 65 If Under 1 Year Months Days If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Isaac Growcock

MOTHER'S MAIDEN NAME Sarah Ella Conrad

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.) SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address Relationship to the deceased

PLACE OF BURIAL Cremation or Removal Cemetery Sparta DATE Nov. 7 1952

Location Kimmell, Ind.

County Noble State Ind.

1 Br. Harold Growcock Marion, Ind.

DATE OF DEATH Nov. 4, 1952 Hour 11:45 PM

CAUSE OF DEATH Cerebral Hemorrhage

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. J. B. Schutt

Address Ligonier Phone No.

SURVIVED BY
Lucille Staton Ligonier
Merl Fausnaugh Gary. 5636 Miller Ave.
Althea Reeves Kimmell
Leo Fausnaugh Elkhart [illegible]
Cleo Taylor Ligonier
Bernard Fausnaugh Kimmell
James Fausnaugh Kimmell
Gilva Miller Ligonier
24 grandchildren 4 great grandchildren

RELIGION Protestant

CLERGYMAN

Address Phone No.

FUNERAL DATE Nov. 7, 1952

TIME 2:00 P.M.

PLACE M. E. Church Kimmell

FRATERNAL AFFILIATIONS none

SINGERS

BEARERS Enoch Shisler, Dale Gorsuch, John Robinson, Joe Addis, Roy Lohrie, George Williamson

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6-23	Description metal	Interior Moss, tan
From M E Tunney	Mfrs. No.	Our Number	Finish satin
Cost before Cash Discount	Trimmed Complete	Covering	Color bronze

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 535.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total	630.00
	Amount Paid - Cash -	
	Balance	

Terms: disc + 11.00 30 days

Selling Price of This Funeral Service	☞	630.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total	205.00	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	225.00
Gross Profit on Funeral		405.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		45.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle			
	Clothing			
	Slippers			
	Total (A)			
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			

13

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach 115^{00} Casket	535^{00}
Outside Receptacle	75^{00}
Clothing	
Slippers	
Total (A)	610^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	630

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 48

Nov. 5 1952

Full name of deceased Edith Fauinaugh Age 65

Deceased is mother (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 610^{00}
(B)	Accommodation Items	$ 20^{00}
	Total (A & B)	$ 630^{00}
*(C)	Additional items ordered later	$
	Total Amount	$ 630^{00}

*It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Disc. of 16^{00} if paid on or before Dec. 5, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Lucille Staton
Signature of Purchaser

R. F. D.
Address

Ligonier Ind.
City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Nov. 6 1952 Amt. $ 630.00

Payment Received in Full ______________________ 195___ Check Number ______________

Individual Payments Received as follows:

	DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Silva	11/24/52	630 00	50 00	580 00
…w. + Jim	12/1/52	580 00	100 00	480 00
Lucille	12/5/52	480 00	10 00	470 00
Silva	12/16/52	470 00	40 00	430 00
Lucille	1/16/53	430 00	10 00	420 00
Ben	2/2/53	420 00	10 00	410 00
Althea	2/2/53	410 00	40 00	370 00
Lucille	2/6/53	370 00	10 00	360 00
Ben.	2/21/53	360 00	5 00	355 00
Lucille	3/6/53	355 00	10 00	345 00
Merle	3/11/53	345 00	10 00	335 00
Ben.	3/12/53	335 00	10 00	325 00
Lucille	4/2/53	325 00	10 00	315 00
Ben	4/3/53	315 00	5 00	310 00
Ben	4/24/53	310 00	10 00	300 00
Althea	4/28/53	300 00	10 00	290 00
Lucille	5/6/53	290 00	10 00	280 00
Merle	5/19/53	280 00	10 00	270 00
Merl + Luc.	6/4/53	270 00	20 00	250 00
Ben + Luc.	7/2/53	250 00	15 00	235 00

	DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Merle ~~Ben.~~	7/22/53	235 00	10 00	225 00
	8/10/53	225 –	10 –	215 –
Althea	8/11/53	215 –	40 –	175 –
Merle	8/12/53	175 –	10 –	165 –
Lucille	8/15/53	165 –	10 –	155 –
	9/11/53	155 –	20 –	135 –
	8/17/53	135 –	25 –	110 –
	10/10/53	110 –	10 –	100 –
	10/17/53	100 –	100 00	—

Pd in full

SPARTA CHRISTIAN CHURCH CEMETERY, KIMMELL, INDIANA -- GRAVE OPENING REQUEST

Date Sept. 16. 1952

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Lawrence Randall

in Burial Space one (1) Lot 531 Section 4, Recorded in the name of Winfield Zuck.

Vault Size Cromwell Vault

Grave opening to be ready by 1:00 ~~A. M.~~ / P. M. Date Thursday Sept. 18 1952

and certifies and represents that he or she has the right to make such authorization and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $20.00 for grave opening

Lloyd H. Moore

Cromwell, Funeral Director

(Signatures of relatives or legal representatives). (Address and relationship to deceased or authority to sign).

Funeral Director L. H. Moore. Cromwell, Ind. Number

RECORD OF FUNERAL

No. 4c 47

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Lawrence (Middle) Alvin (Last) Randall

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

LENGTH OF STAY (in this place) 23 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sparta Township

DATE OF DEATH (Month) Sept. (Day) 15 (Year) 1952

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH Nov. 14, 1893

AGE (In years last birthday) 58

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

KIND OF BUSINESS OR INDUSTRY Farm owner

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME George Randall

MOTHER'S MAIDEN NAME Emma Olivir

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of ser.) WW 1

SOCIAL SECURITY NO. 305-28-4775

BRANCH OF SERVICE (Army, Navy or Marine) Army (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Margaret Bitner

Address Cromwell, Ind. R.R.1

Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE 9-18 1952

Location Kimmell

County Noble State Ind.

DATE OF DEATH September 15 Hour 3:00 PM

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. J. B. Schutt

Address Ligonier, Ind. Phone No.

SURVIVED BY widow, Bernice
2 daughters, Mrs Margaret Bitner
R. R. 1 Cromwell
Mrs. Elizabeth Baker, Kimmell, Ind.
1 sister Mrs. Ethel Norriss, Albion
4 grandchildren

RELIGION Protestant

CLERGYMAN Rev. K. Edward Maynard

Address Cromwell Phone No.

FUNERAL DATE Sept. 18, 1952

TIME 2:00 PM

PLACE Methodist Church

FRATERNAL AFFILIATIONS
Farm Bureau
Methodist church

SINGERS Mildred + Delbert Gard

BEARERS Elbert Roe
Harvey Hull
Clarence Wright
Claude Swalty
Glen Click
Adrain Archer

CEMETERY LOT NO. 531 Owner of Lot Winfield Fulk.

Section 4 Grave No. 1

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6 24"	Description Sealer	Interior Velvet
From Crane + Breed	Mfrs. No.	Our Number	Finish Metal
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 860.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	15.00
C.	Additional items ordered later	
	Total	950.00
	Amount Paid - Cash -	
	Balance	

Terms: Disc. 25% 30 Days

Selling Price of This Funeral Service	☞	950.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	228.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery	15.00	
Total		
Total Cash Advances	15.00	
Discount (if not figured in operation cost)	25.50	
	359.30	
Total Net Cost of Funeral	☞	359.30
Gross Profit on Funeral		590.70
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		230.70

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, Including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle			
	Clothing			
	Slippers			
	Total (A)			
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			

763

12

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 4697

September 16 1952

Full name of deceased Lawrence A. Randall Age 58

Deceased is Husband (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 935^{00}
(B) Accommodation Items	$ 15^{00}
Total (A & B)	$ 950^{00}
*(C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 950^{00}

My, or our, preference for settlement is:

Terms Dicount of 25^{00} if paid on or before Oct. 16, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

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(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	860^{00}
Outside Receptacle	75^{00}
Clothing	
Slippers	
Total (A)	935^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	15^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	15^{00}

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Sept. 16 1952 Amt. $950.00

Payment Received in Full Oct. 16 1952 Check Number 8

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/16/52	950 00	924 20	Disc. 25 80
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 46

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Raymond (Middle) Anthony (Last) Prentice

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location) Washington Township

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Twp. LENGTH OF STAY (in this place) 66

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) August (Day) 26 (Year) 1952

SEX male COLOR OR RACE white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH June 4, 1886 AGE (In years last birthday) 66 If Under 1 Year Months Days If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer KIND OF BUSINESS OR INDUSTRY Farm owner

BIRTHPLACE (State or foreign country) Indiana CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Charles Prentice

MOTHER'S MAIDEN NAME Margaret Knepper

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) no SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Sarah Elizabeth Prentice
Address Kimmell, Ind. R.R. Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal DATE Aug. 29 1952
Cemetery Sparta
Location Kimmell
County Noble State Ind.

DATE OF DEATH Tuesday Aug. 26, 52 Hour 10:30 PM

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr.

Address North Webster Phone No.

SURVIVED BY wife - Sarah Elizabeth Prentice
Mrs. Selma Poschardsky
" Gladys Conkling } daughters
" Iris Hunter } Huntington
1 son Ivan Prentice at home
1 brother - Les Prentice, Kimmell
1 sister - Ethel Iden, Cromwell
5 grand children

RELIGION Protestant

CLERGYMAN Rev. Jerry Phipps

Address Kimmell, Ind. Phone No.

FUNERAL DATE Aug. 29, 1952

TIME 2:00 P.M.

PLACE Broadway Christian Church

FRATERNAL AFFILIATIONS none

SINGERS (Quartet)

BEARERS Glenn Dierdorff, Earl Galloway, Steve Knop, Darwil Denny Jr., Jr. Iden, Everett Baker
(Boyd McFarren)

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4150

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6-23	Description	Interior R. Beige Velvet
From M. E. Gurney	Mfrs. No.	Our Number Y20250B	Finish Steel
Cost before Cash Discount	Trimmed Complete	Covering	Color [illegible] Bronze

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 770.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	26.00
C.	Additional items ordered later	
	Total	871.00
	Amount Paid - Cash -	
	Balance	

Terms: $23.10 disc if paid on or before Sept. 27.'52

Selling Price of This Funeral Service	☞	871.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	202.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	277.50	
Total Cash Advances	26.00	
Discount (if not figured in operation cost)	23.10	
Total Net Cost of Funeral	☞	326.60
Gross Profit on Funeral		544.40
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		184.40

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car or Sedan			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)			
Total Amount			

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	770.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	845.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	26.00
Clergyman	
Special Music	
Obituary Notices	
Total (B)	26.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	871.00

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FEDERATED FUNERAL DIRECTORS OF AMERICA

11

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 46

August 27 1952

Full name of deceased Raymond A. Prentice Age 66

Deceased is Husband of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$ 845.00
(B)	Accommodation Items	$ 26.00
	Total (A & B)	$ 871.00
*(C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 871.00

My, or our, preference for settlement is:
Terms Discount of $23.10 if paid on or before Sept. 27, 1952
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME
By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $________

Payment Received in Full____________________________________195____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Sept. 5, 1952	Pd	in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 4445

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Jessie (Middle) Marie (Last) King

STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Ind COUNTY Noble

PLACE OF DEATH COUNTY Kosciusko STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Syracuse

LENGTH OF STAY (in this place) 5 mos

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) W. Main St.

DATE OF DEATH (Month) July (Day) 12 (Year) 1952

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH Sept. 7 1898

AGE (In years last birthday) 53

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME John Stump

MOTHER'S MAIDEN NAME Leone Wallace

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no.

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 305-30-0579

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Virginia Ritter

Address Syracuse, Ind.

Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal

Cemetery Oak Park

DATE July 15 1952

Location Ligonier, Indiana

County Noble State Ind.

DATE OF DEATH July 12 Hour 3:30 AM

CAUSE OF DEATH Abd Carcinoma

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. O. F. Stults

Address Ligonier Phone No.

SURVIVED BY 1 daughter Virginia
2 grandchildren
mother Mrs. John Stump, so. of Cromwell
4 brothers Roy Stump, Noah, Cletus
& Johnnie, so. of Cromwell
3 sisters
Mrs Minnie Shock
" Doris Mohler
" Ida Cox of Cromwell

RELIGION Protestant

CLERGYMAN Rev. Mark Specht

Address Kimmell Phone No.

FUNERAL DATE July 15, 1952

TIME 2:00 PM

PLACE F. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Ed & Don Shearer, Fred Hugin
Dale Hursey, Ed Luzinier, &
Walter Stahlbach

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY F. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 686.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	25.00
C. Additional items ordered later	
Total	786.00
Amount Paid - Cash -	
Balance	

Terms: $20.58 disc if paid on or befor Aug. 13, 1952

Selling Price of This Funeral Service	☞	786.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	177.50	
*Outer Case-Cost $45.00 Selling Price $75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	252.50	
Total Cash Advances	25.00	
Discount (if not figured in operation cost)	20.58	
Total Net Cost of Funeral	☞	298.08
Gross Profit on Funeral		487.92
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		127.92

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, Including merchandise selected			
Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car or Sedan			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			
(C) ADDITIONAL ITEMS ORDERED LATER			
Total (C)			
Total Amount			

763

10

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	686.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	761.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25.00

(C) ADDITIONAL ITEMS ORDERED LATER

Clergyman	10.00
Total (C)	
Total Amount	

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 4445

July 13 1952

Full name of deceased Jessie Marie King Age 53

Deceased is mother (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 761.00
(B) Accommodation Items	$ 25.00
Total (A & B)	$ 786.00
*(C) Additional items ordered later	$ 10.00
Total Amount	$ 786.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of 20.58 if paid on or before August 13, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $________

Payment Received in Full____________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8/11/52	675 42	675 42	Paid in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 344

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Wesley (Middle) Demetrus (Last) Leamon

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location) Sparta Township

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendallville

LENGTH OF STAY (in this place) 6 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCray Memorial

DATE OF DEATH (Month) June (Day) 22 (Year) 1952

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH Nov. 7, 1873

AGE (In years last birthday) 78

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher

KIND OF BUSINESS OR INDUSTRY Retail

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A

FATHER'S NAME William Leamon

MOTHER'S MAIDEN NAME Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO.: none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Josie Click

Address Cromwell

Relationship to the deceased sister in law

PLACE OF BURIAL Cremation or Removal

Cemetery McClintic DATE 6/24 1952

Location Lake Wawasee

County Kosciusko State Indiana

DATE OF DEATH June 22, 1952 Hour 1:00 PM

CAUSE OF DEATH Fracture of hip

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. G F Stultz

Address Phone No.

SURVIVED BY

RELIGION Protestant

CLERGYMAN Rev. K. E. Maynard

Address Cromwell, Ind. Phone No. [illegible]

FUNERAL DATE June 24, 1952

TIME 2:00 PM

PLACE T. H. Moore Funeral Home

FRATERNAL AFFILIATIONS IOOF

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY T H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise ________ $

Outside Receptacle ________ (Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________

Welfare

Total

Amount Paid - Cash - ________

Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $ ______	Selling Price	
*Embalming - " $ ______	" "	
*Clothing - - " $ ______	" "	
Livery		
	Total	

Total Cash Advances ________

Discount (if not figured in operation cost) ________

Total Net Cost of Funeral ☞ ________

Gross Profit on Funeral ________

**Less Operation Cost per Funeral ________

Net Profit or Loss Apparent ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car or Sedan			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)			
Total Amount			

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service	100.00
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	—
Clothing	
Slippers	
. . . .	
Total (A)	100.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	X
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE Form D F 22
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9

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 47

June 23 1952

Full name of deceased Wesley D. Leamon Age 78

Deceased is ______ of person arranging services.
(Give relationship)

(A) Services, including merchandise . . .	$
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later . . .	$
Total Amount	$ 100.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms net

Welfare

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise ________ $
Outside Receptacle ________ (Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________

Welfare

Total
Amount Paid - Cash - ________
Balance

Terms: ________

Selling Price of This Funeral Service ________ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket ________
*Outer Case-Cost $______ Selling Price ________
*Embalming - " $______ " " ________
*Clothing - - " $______ " " ________
Livery ________
____
____

Total

Total Cash Advances ________
Discount (if not figured in operation cost) ________

Total Net Cost of Funeral ☞ ________
Gross Profit on Funeral ________
**Less Operation Cost per Funeral ________
Net Profit or Loss Apparent ________

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service ________
Preparation and Preservation ________
Funeral Facilities and Equipment ________
Visitors Register ________
Acknowledgment Cards ________
Funeral Car or Sedan ________
Casket Coach ________
Casket ________
____

Outside Receptacle ________

Clothing ________
Slippers ________
____
____

Total (A) ________

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax ________
Cemetery Charges ________
Additional Autos ________
Telegrams ________
Long Distance Telephone Calls ________
R. R. Transportation ________
Flowers ________
Clergyman ________
Special Music ________
Obituary Notices ________
____
____

Total (B) ________

(C) ADDITIONAL ITEMS ORDERED LATER

____
____
____
____
____
____

Total (C) ________

Total Amount ________

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	100 00
Outside Receptacle	—
Clothing	
Slippers	
Total (A)	100 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	X
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

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9

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 47

June 23 1952

Full name of deceased Wesley D. Leamon Age 78

Deceased is ______ (Give relationship) of person arranging services.

(A) Services, including merchandise	$
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 100 00

My, or our, preference for settlement is:

Terms Net

Welfare

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________195____ Amt. $__________

Payment Received in Full______________________________195____ Check Number______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	Pd in full		
	9/2/52		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 43

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Emma (Middle) (Last) McClure

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Ind. COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wolf Lake

LENGTH OF STAY (in this place) 5 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital

DATE OF DEATH (Month) May (Day) 27 (Year) 1952

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH Dec. 5 1876

AGE (In years last birthday) 75

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Kentucky

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Robert Moore

MOTHER'S MAIDEN NAME Jemima Atchison

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this Item)

Signature Alma McClure

Address Kimmell

Relationship to the deceased daughter

PLACE OF BURIAL

Cremation or Removal

Cemetery Sparta

DATE May 31 1952

Location Kimmell

County Noble State Indiana

DATE OF DEATH May 27 Hour 11:55 PM

CAUSE OF DEATH Arteriosclerosis

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. J. B. Schutt

Address Ligonier Phone No.

SURVIVED BY Medley McClure, Robert McClure,

Cora Schlabaugh, Ollie McClure,

Alma McClure & Woodrow McClure

a half sister Lena Bowling, Ligonier

Cromwell Ind. Boone, Michigan

12 grandchildren Goshen, Ind.

10 great grandchildren

RELIGION Protestant

CLERGYMAN Alvin Lawson

Address Phone No.

FUNERAL DATE May 31, 1952

TIME 2:00 P.M.

PLACE M. E. Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Albert Fry, Eli Fry, Merle McClure

Wayne Clark, Carl Schlabaugh,

Thomas DeBrular

CEMETERY LOT NO. 560 Owner of Lot Robert McClure

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6-6- 23	Description Modernistic	Interior Nu-tan Satin
From M. E. Gunn	Mfrs. No.	Our Number	Finish Lathern
Cost before Cash Discount	Trimmed Complete	Covering Lathern	Color

SALE AND COST RECORD

A. Services, including casket and merchandise	$493.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	
C. Additional items ordered later	
Total	568.00
Amount Paid - Cash -	
Balance	568.00

Terms: Disc $14.79 if Pd before June 28, 1952

Selling Price of This Funeral Service	☞	568.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	97.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	172.00	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	172.00
Gross Profit on Funeral		396.00
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		36.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, Including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	493.00
Outside Receptacle	75.00
Clothing	
Slippers	
. . . .	
Total (A)	568.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

FEDERATED 8

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 43

May 28 1952

Full name of deceased Emma McClure Age 75

Deceased is mother (Give relationship) of person arranging services.

(A) Services, including merchandise . . .	$568.00
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later . . .	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$568.00

My, or our, preference for settlement is:

Terms Discount of $14.79 if paid on or before June 28, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. May 31 1952 Amt. $568.00

Payment Received in Full ______________ 194__ Check Number ______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5/29/52	568.00	75.00	493.00
5/31/52	493.00	53.60	439.40
6/6/52	439.40	113.60	325.80
6/6/52	325.80	113.60	212.20
6/7/52	212.20	113.60	98.60
8/23/52	98.60	10.00	88.60
9/22/52	88.60	10.00	78.60
11/24/52	78.60	10.00	68.60
12/4/52	68.60 ~~50.00~~	50.00	18.60
1/23/53	18.60	10.00	8.60
2/28/53	8.60	8.60	
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 42

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Ellen (Middle) Maria (Last) Johnson

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell, Indiana

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE

COUNTY

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

LENGTH OF STAY (in this place) 48

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) 4 (Day) 29 (Year) 52

SEX Female

COLOR OR RACE W.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH Sept. 19-1881

AGE (In years last birthday) 70

If Under 1 Year Months | Days

If Under 24 Hrs. Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Sweden

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Lars Larson

MOTHER'S MAIDEN NAME Bengta Holmgren

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 317-26-0715

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address

Relationship to the deceased

PLACE OF BURIAL ~~Cremation or Removal~~ Cemetery Oak Park

DATE 5-3-1952

Location Ligonier

County Noble

State Ind.

DATE OF DEATH April 29-1952 Hour 11:25

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. Harlan

Address Ligonier

Phone No.

SURVIVED BY Mrs. Edna Renner

Mrs. Stanley Johnson

Mrs. James Messick

1 Broth. William Larson

2 Grandchildren

2 nieces

RELIGION Lutheran

CLERGYMAN Rev. Harry Myers -

Address

Phone No.

FUNERAL DATE May 3-1952

TIME 2 o'clock

PLACE Funeral HOME -

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Burden Hadley, Johnny Hosinger

Harold Hosinger, Albert Haggart

Bill Renner, Sonny Johnston

CEMETERY LOT NO.

Owner of Lot Mr. + Mrs. Pete Johnson

Section

Grave No.

FUNERAL DIRECTED BY L. W. Moore

License No. 4401752

EMBALMER'S LICENSE NO. 4186

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/4	Description Solid oak	Interior Rosetan satin
From M. E. Gurney Co.	Mfrs. No.	Our Number	Finish Hammered Metal
Cost before Cash Discount	Trimmed Complete	Covering	Color Grey

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 527.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	35.00
C. Additional items ordered later	
Total	637.00
Amount Paid - Cash -	
Balance	

Terms: 15.81 disc. if pd before May 30, 1954

Selling Price of This Funeral Service	☞	637.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	100.00	
*Outer Case-Cost $45.00 Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	175.00	
Total Cash Advances	35.00	
Discount (if not figured in operation cost)	15.81	
Total Net Cost of Funeral	☞	225.81
Gross Profit on Funeral		411.19
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		51.19

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle			
	Clothing			
	Slippers			
	Total (A)			
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	527.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	602.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	10.00
Special Music	
Obituary Notices	
Total (B)	35.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

TRIPLICATE Form D F 22
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763

7

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 41

April 30 1945

Full name of deceased [illegible] Marie Johnson Age 70

Deceased is Mother (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 602.00
(B) Accommodation Items	$ 35.00
Total (A & B)	$ 637.00
*(C) Additional items ordered later	$
Total Amount	$ 637.50

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $15.91 discount within 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By ______

I, or we, accept and approve the above.

Johnson
Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________194____ Amt. $__________

Payment Received in Full________________________________194____ Check Number______________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5/3/52	637 00	200 00	437 00
5/5/52	421 19	421 19	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 41

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Violet (Middle) Anna Kathryne (Last) Kolberg

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparta Twp.

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparta Twp.

LENGTH OF STAY (in this place) 19 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) April (Day) 29 (Year) 1952

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH Sept. 29, 1892

AGE (In years last birthday) 59

If Under 1 Year Months | Days

If Under 24 Hrs. Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Charles Prentice

MOTHER'S MAIDEN NAME Margaret Knepper

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 31[illegible] 26-3727

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item) Signature Arthur Kolberg

Address Cromwell, Ind.

Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal

Cemetery Indian Village

DATE 5/1 1952

Location Indian Village

County Noble State Ind.

DATE OF DEATH April 29, 1952 Hour 6:45 AM

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Stalter

Address No. Webster, Ind. Phone No.

SURVIVED BY Arthur, husband

1 son

5 daughters

16 grandchildren

1 great grand child

2 brothers

1 sister

RELIGION Protestant

CLERGYMAN Jones

Address Syracuse Phone No.

FUNERAL DATE

TIME 2:30 PM

PLACE Evan. U.B. Church (Brick

FRATERNAL AFFILIATIONS

SINGERS

BEARERS John Beck, Jim Eden

H. C. Schlichtemeyer, Merl Galloway

Layton Butt, Ralph Moore

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. N. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6	Description State	Interior Rose Beige Satin
From M E Gurney	Mfrs. No.	Our Number	Finish Lathabe
Cost before Cash Discount	Trimmed Complete	Covering	Color Rose Cedar

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 493 00
	Outside Receptacle (Kind)	75 00
B.	Cash Advanced for Accommodation Items	11.75
C.	Additional items ordered later	
	Total	579.75
	Amount Paid - Cash -	
	Balance	

Terms: Disc. of $14.79 if pd. before May 29, 1952

Selling Price of This Funeral Service	☞	579.75

REVENUE ITEMS AND THEIR COST

Cost of Casket	97.00	
*Outer Case-Cost $45.00 Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	172.00	
Total Cash Advances	11.75	
Discount (if not figured in operation cost)	14.79	
Total Net Cost of Funeral	☞	198.54
Gross Profit on Funeral		381.21
**Less Operation Cost per Funeral		360.00
Net Profit or Loss Apparent		21.21 +

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle			
	Clothing			
	Slippers			
	Total (A)			
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			

763

6

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 41

April 29 1952

Full name of deceased Violet Anna Katherine Kolberg Age 59

Deceased is wife (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$568 00
(B)	Accommodation Items	$11 75
	Total (A & B)	$579 75
*(C)	Additional items ordered later . . .	$
	Total Amount	$579 75

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms a discount of 14 79 if paid on or before May 29, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Arthur C Kolberg
Signature of Purchaser

R. R. #1
Address

Cromwell Ind
City *State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	443 00
Outside Receptacle	75 00
Clothing	
Slippers	
. . . .	
Total (A)	568 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	11 75
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	11 75

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________________194____ Amt. $________

Payment Received in Full______________________________194____ Check Number______________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4/30/52	579 75	75 00	504 75
5/9/52	504 75	201 18	303 57
5/24/52	303 57	288 78	14 79 disc.

Pd in full 5/24/52

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 3940

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Sadie (Middle) none (Last) Williamson

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Ind COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

LENGTH OF STAY (in this place) 46 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maple Ave.

DATE OF DEATH (Month) April (Day) 6 (Year) 1952

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH 5/17/71

AGE (In years last birthday) 80

If Under 1 Year: Months | Days

If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Frederick Shiler

MOTHER'S MAIDEN NAME Hannah Jane Norris

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. no.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Melvin Williamson

Address Kimmell, Ind.

Relationship to the deceased Son

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE 4/8 1952

Location Kimmell

County Noble State Ind.

DATE OF DEATH April 6, 1952 Hour 8:10 PM

CAUSE OF DEATH Pulmonary Oedema

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. J. P. Nash

Address Albion Phone No.

SURVIVED BY 1 son Melvin of Kimmell

1 grandson

1 brother Frank Shiler, Ligonier

4 nephews

4 nieces

RELIGION Protestant

CLERGYMAN Rev. E. H. Lane

Address 430 E. Main Ft. Wayne, Ind. Phone No.

FUNERAL DATE April 8, 1952

TIME 2:00 P.M.

PLACE Sparta Christian Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS George Williamson Joseph Mynhier Jr.

Frank Swank Ed Shelarn

Claude Haley, Joe Addie

CEMETERY LOT NO. 620 Owner of Lot

Section 5 Grave No. 3

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS Cromwell Vault

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 22	Description Cloth state	Interior Egg shell satin twill
From M. E. Gurney	Mfrs. No.	Our Number	Finish Cloth
Cost before Cash Discount	Trimmed Complete	Covering	Color Blue Grey

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 445.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	
C. Additional items ordered later	
Total	520.00
Amount Paid - Cash -	
Balance	520.00

Terms: Disc #3 35 full pay May 7, 1952

Selling Price of This Funeral Service	☞	520.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	76.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	151.50	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	151.50
Gross Profit on Funeral		368.50
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		19.50 +

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car or Sedan			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)			
Total Amount			

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket
} 445^{00}

Outside Receptacle . . . . 75^{00}

Clothing . . . . ______
Slippers . . . . ______
. . . . ______

Total (A) 520.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax . . . . ______
Cemetery Charges . . . . ______
Additional Autos . . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls ______
R. R. Transportation . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . . . ______
Obituary Notices . . . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______

Total (B) ______

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . ______
. . . . ______
. . . . ______
. . . . ______
. . . . ______

Total (C) ______

Total Amount ______

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763 13

5

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 39 40

April 7 1952

Full name of deceased Leslie Williamson Age 80

Deceased is brother of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 445^{00}

(B) Accommodation Items . . . . . . $ 75^{00}

Total (A & B) $ 520^{00}

*(C) Additional items ordered later . . . $ ______

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 520^{00}

My, or our, preference for settlement is:

Terms Disc. of 13^{33} if paid in full on or before May 7, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Melvin Williamson
Signature of Purchaser

______
Address

______
City *State*

______ ______
Signature of Co-signer with Purchaser *Street Address* *City and State*

______ ______
Signature of Co-signer with Purchaser *Street Address* *City and State*

______ ______
Signature of Co-signer with Purchaser *Street Address* *City and State*

______ ______
Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. April 7 1952 Amt. $520 00

Payment Received in Full ______________________ 194___ Check Number ______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
April 12-52	520 -	255 -	265 -
	265 -	50 -	215 -
May 3-52	215 00	50 -	165 -
" 24-52	165 00	50 -	115 -
" 31-52	115 00	55 -	60 -
6/14/52	60 00	60 -	Pd. in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 39

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Oscar (Middle) Hartwig (Last) Peterson

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kendallville

LENGTH OF STAY (in this place) 11 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCray Memorial Hosp.

DATE OF DEATH (Month) March (Day) 16 (Year) 1952

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH Jan. 21, 1884

AGE (In years last birthday) 68

If Under 1 Year Months | Days

If Under 24 Hrs. Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

KIND OF BUSINESS OR INDUSTRY Farmer

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Gustave Peterson

MOTHER'S MAIDEN NAME Christine Unknown Peterson

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 310-18-4925

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Elsie Peterson

Address Cromwell

Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal

Cemetery Eden

DATE 3/18 1952

Location Topeka

County Lagrange State Ind

DATE OF DEATH March 16, 1952 Hour 9:00 AM

CAUSE OF DEATH Uremia, cardiovascular renal disease

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Bowman

Address Albion Phone No.

SURVIVED BY 4 children

Edna Taggart

Paul Peterson

Robert Peterson

Betty Jo Peterson

4 sisters

RELIGION Protestant

CLERGYMAN Rev. K. E. Maynard.

Address Cromwell Phone No.

FUNERAL DATE March 18, 1952

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4130

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 · 23	Description steel	Interior satin twill
From M. E. Gurney	Mfrs. No.	Our Number	Finish rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color coppertone

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 585.75
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	
C. Additional items ordered later	
Total	
Amount Paid - Cash -	660.75
Balance	

Terms: 16.83 disc. 30 days net.

Selling Price of This Funeral Service	☞	660.75

REVENUE ITEMS AND THEIR COST

Cost of Casket	115.00	
*Outer Case-Cost $45.00 Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	190.00	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	190.00
Gross Profit on Funeral		470.75
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		121.75

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, Including merchandise selected		
Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards	561	00
Funeral Car or Sedan		
Casket Coach		
Casket		
Outside Receptacle	75	00
Clothing	24	75
Slippers		
Total (A)	660	75
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.		
Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		
(C) ADDITIONAL ITEMS ORDERED LATER		
Total (C)		
Total Amount		

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	561^{00}
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car	
Casket Coach	
Casket	
Outside Receptacle	75^{00}
Clothing	24^{75}
Slippers	
. . . .	
Total (A)	660^{75}

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

4

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 39

March 16 1952

Full name of deceased Oscar H. Peterson Age 68

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$ 660^{75}
(B)	Accommodation Items	$
	Total (A & B)	$ 660^{75}
*(C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 660^{75}

My, or our, preference for settlement is:

Terms a discount of 16^{83} if paid on or before April 16, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. March 18 1952 Amt. $660 75

Payment Received in Full ________________ 194____ Check Number ________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5/7/52	660 75	200 00	460 75
6/14/52	460 75	100 00	360 75
9/2/52	360 75	50 00	310 75
11/29/52	310 75	50 00	260 75
12/27/52	260 75	50 00	210 75
3/18/53	210 75	50 00	160 75
5/11/53	160 75	50 00	110 75
7/2/53	110 75	50 00	60 75
9/10/53	60 75	35 00	25 75
10/3/53	25 75	25 75	—

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 38

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) John (Middle) Curtis (Last) Miller

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location) Indiana STATE

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Ind. COUNTY Noble

PLACE OF DEATH COUNTY Noble

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

LENGTH OF STAY (in this place) 74 yr.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

DATE OF DEATH (Month) March (Day) 14 (Year) 1952

SEX Male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

DATE OF BIRTH 3/11/1878

AGE (In years last birthday) 74

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME John Miller

MOTHER'S MAIDEN NAME Merriah Williams

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 313-12-7919

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. John Miller

Address Cromwell, Ind.

Relationship to the deceased Wife

PLACE OF BURIAL

Cremation or Removal

Cemetery Sparta

DATE 3/17 1952

Location Kimmell

County Noble State Ind.

DATE OF DEATH March 14, 1952 Hour

CAUSE OF DEATH Acute myocardial failure

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. D. F. Stults

Address Ligonier Ind. Phone No.

SURVIVED BY Widow, Hazel

2, brothers

George Miller, Ft. Wayne

Jacob Miller, Cromwell

1, Mrs. Pearl Lane, Cromwell

2 step children, girls

3 " " boys.

[illegible] step grandchildren

RELIGION Protestant

CLERGYMAN Rev. H. E. Maynard

Address Phone No.

FUNERAL DATE March 17, 1952

TIME 2:00 P M

PLACE L. N. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Harrison Lemon, Chester Biddle, Tom Brown, Harvey Hull, Dale De Motts, Bill Ruby

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. N. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/4 - 22	Description Oak	Interior Satin Twill
From M. E. Gurney	Mfrs. No.	Our Number	Finish Hammered Metal
Cost before Cash Discount	Trimmed Complete	Covering	Color Grey

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ ~~527.00~~ 547.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	15.00
C.	Additional items ordered later	
	Total	632.00
	Amount Paid - Cash -	
	Balance	

Terms: $15.00 disc if paid in full on or before 4/14/52

Selling Price of This Funeral Service	☞	637.00

REVENUE ITEMS AND THEIR COST

Cost of Casket		100.00	
*Outer Case-Cost $45.00	Selling Price	75.00	
*Embalming - " $	" "		
*Clothing - - " $14.00	" "	20.00	
Livery			
Total		195.00	
Total Cash Advances		15.00	
Discount (if not figured in operation cost)			
Total Net Cost of Funeral	☞		210.00
Gross Profit on Funeral			427.00
**Less Operation Cost per Funeral			349.00
Net Profit or Loss Apparent			78.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register	527	00	
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle	75	00	
	Clothing	20	00	
	Slippers			
	Total (A)	622	00	
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges	15	00	
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)	15		
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			637.00

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	527.00
Outside Receptacle	75.00
Clothing	20.00
Slippers	
. . . .	
Total (A)	622.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	15.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	15.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	637.00

763

3

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 38

March 14 1952

Full name of deceased John Curtis Miller Age 74

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$ 622.00
(B)	Accommodation Items	$ 15.00
	Total (A & B)	$ 637.00
*(C)	Additional items ordered later . . .	$
	Total Amount	$ 637.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of $15.31 if paid on or before April 14, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Mrs. C. M. Miller
Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. March 18 1952 Amt. $ 637.00

Payment Received in Full ______________________ 194___ Check Number ______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3/26/52	637 00	85 00	552 00
	552 00	275 00	277 00
5/5/52	277 00	20 00	257 00
5/12/52	257 00	77 00	180 00
6/5/52	180 00	25 00	155 00
6/25/52	155 00	25 00	130 00
7/14/52	130 00	15 00	115 00
8/12/52	115 00	15 00	100 00
9/5/52	100 00	15 00	85 00
9/27/52	85 00	20 00	65 00
10/21/52	~~65 00~~	20 00	45 00
11/24/52	45 00	20 00	25 00
12/29/52	25 00	15 00	10 00
1/8/53	10 00	10 00	—
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 37

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Etta (Middle) Maude (Last) Johnson

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
STATE Ind. COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell — LENGTH OF STAY (in this place) 5 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1952

SEX female — COLOR OR RACE white — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH 7/1/1878 — AGE (In years last birthday) 73 — If Under 1 Year: Months, Days — If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Illinois — CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME William Newberry

MOTHER'S MAIDEN NAME Melvina Hall

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of ser.) — SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Ethel Robinson
Address Cromwell — Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta — DATE 2/10 1952
Location Kimmell
County Noble State Ind.

DATE OF DEATH Feb. 8, 1952 Hour 2:00 AM

CAUSE OF DEATH Carcinoma

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. [illegible] Stultz

Address Ligonier, Ind. Phone No.

SURVIVED BY Walter Johnson, [illegible] Johnson, Lester Johnson, Cecil Johnson, Howard, Claude, [illegible] Claudine, Hazel Miller, Ruth Havens, [illegible], Ethel Robinson

43 grandchildren

32 great grandchildren

4 sisters & 1 brother

RELIGION Protestant

CLERGYMAN Rev. O. C. Truesdale

Address Cromwell Phone No.

FUNERAL DATE Sunday Feb. 10, 1952

TIME 2:00 PM

PLACE Methodist Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Lester Robinson, Bernard Robinson, Raymond Johnson, Cecil Johnson Jr., [illegible] Johnson

CEMETERY LOT NO. 432 Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY [illegible] License No. 1752

EMBALMER'S LICENSE NO. 4130

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23	Description slate - oak	Interior Satin twill
From M. E. Gurney	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Dark

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 545 00
	Outside Receptacle (Kind)	75 00
B.	Cash Advanced for Accommodation Items	15 00
C.	Additional items ordered later	
	Total	635 00
	Amount Paid - Cash -	
	Balance	

Terms: 16 2/3 dis 30 days net 60

Selling Price of This Funeral Service	☞	635 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	119.50	
*Outer Case-Cost $45 00 Selling Price	75 00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	194 50	
Total Cash Advances	15.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	209 50
Gross Profit on Funeral		425.50
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		+ 76.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register	545	00	
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle	75	00	
	Clothing			
	Slippers			
	Total (A)			620 00
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges	15	00	
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			15 00
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			635 00
	Total Amount			

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	575.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	620.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	15.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	15.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	$635.00

763

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

2

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 37

February 8 1952

Full name of deceased Etta Maude Johnson Age 73

Deceased is mother (Give relationship) of person arranging services.

(A)	Services, including merchandise	$620.00
(B)	Accommodation Items	$15.00
	Total (A & B)	$635.00
*(C)	Additional items ordered later	$ —
	Total Amount	$635.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms 16.35 discount if paid on or before March 8, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Hazel M. Miller
Signature of Co-signer with Purchaser

[illegible]
Signature of Co-signer with Purchaser

Walter Johnson
Signature of Co-signer with Purchaser

Ruby Lavern Repville
Signature of Co-signer with Purchaser

I, or we, accept and approve the above.

Ethel Robinson ✓
Signature of Purchaser

Address

Claude Johnson
City *State*

Cecil Johnson
Street Address *City and State*

724 Greely St. Ft. Wayne

Elwood Johnson
Street Address *City and State*

Lester Johnson ✓
Street Address *City and State*

Lyman Johnson ✓
Street Address *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Feb. 11 1952 Amt. $635 00

Payment Received in Full 194 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/11/52	635 00	57 73	577 27
2/11/52	577 73	57 73	519 54
2/11/52	519 54	57 73	461 81
2/11/52	461 81	57 73	404 08
2/18/52	404 08	57 73	346 35
3/4/52	346 35	57 73	288 62
4/5/52	288 62	57 73	230 89
6/10/52	230 89	20 00	210 89
8/23/52	210 89	20 00	190 89
1/3/53	190 89	10 00	180 89
2/21/53	180 89	7 73	173 16
7/5/54	173 16	57 73	115 43
	115 43	57 73	57 70
	57 70	~~57 73~~	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 36

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Dorothy (Middle) Geraldine (Last) Hewitt

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cicero

STREET ADDRESS (If rural, give location) 3527 57TH Cicero, Illinois

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
STATE ~~Ill.~~ Ind. COUNTY ~~Cook~~ Noble

PLACE OF DEATH COUNTY Will STATE Illinois

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joliet

LENGTH OF STAY (in this place) 2 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

DATE OF DEATH (Month) Feb. (Day) 3 (Year) 1951

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH Sept. 12, 1930

AGE (In years last birthday) 21

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker

KIND OF BUSINESS OR INDUSTRY Western Electric Co.

BIRTHPLACE (State or foreign country) Illinois

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Randle Burns

MOTHER'S MAIDEN NAME Delian Payne

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 308-28-5668

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Norris O. Hewitt

Address R.R. #3 Hinsdale, Ill.

Relationship to the deceased Husband

PLACE OF BURIAL
Cremation or Removal
Cemetery Oak Park

DATE 2/7 1952

Location Ligonier, Ind.

County Noble State Ind.

DATE OF DEATH Feb. 3, 1952 Hour

CAUSE OF DEATH Skull fracture

AUTOPSY YES ☐ NO ☑

~~PHYSICIAN~~ W. G. Blood, Coroner

Address Joliet, Ill. Phone No. 7544

SURVIVED BY Parents Mr + Mrs. Randel Burns
Husband Norris
3 brothers
5 sisters

RELIGION Protestant

CLERGYMAN Rev. Harry Myers

Address Phone No.

FUNERAL DATE Feb. 7 1952

TIME 12:30 PM

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Paul Slagle
Lowell Beutler
Robert Summers
George Kreager
Richard Hursey + Dwain Hursey

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1757

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23	Description steel	Interior Rose Tan Satin
From M. E. Gurney	Mfrs. No.	Our Number C133D5	Finish Coppertone
Cost before Cash Discount 133.00	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 595.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	81.00
C.	Additional items ordered later	
	Total	751.00
	Amount Paid - Cash -	100.00
	Balance	651.00

Terms: 17.85 Dis. if paid 30 days

Selling Price of This Funeral Service	☞	751.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	133.00	
*Outer Case-Cost $ 45.00 Selling Price	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	208.00	
Total Cash Advances	81.00	
Discount (if not figured in operation cost)	17.85	
Total Net Cost of Funeral	☞	306.85
Gross Profit on Funeral		444.15
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		+ 95.15

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	**OUR SERVICE, including merchandise selected**			
	Personal and Staff Service	595	00	
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle	75	00	
	Clothing			
	Slippers			
	Total (A)			670.00
(B)	**INCIDENTAL ACCOMMODATION ITEMS** To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges	25	00	
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Coroners Inquest fee	16	00	
	Drive to Joliet, Ill.	40	00	
	Total (B)			81.00
(C)	**ADDITIONAL ITEMS ORDERED LATER**			
	Total (C)			751.00
	Total Amount			

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach 1:3 — Casket	545.00
1.50 Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	670.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Coroners Inquest fee	16.00
Drive to Joliet, Ill	40.00
Total (B)	81.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	751.00

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

763

~~36~~
1

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 36

February 4 1952

Full name of deceased Dorothy Geraldine Hewitt Age 21

Deceased is ______ (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 670.00
(B) Accommodation Items	$ 81.00
Total (A & B)	$ 751.00
*(C) Additional items ordered later	$
Total Amount	$ 751.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of 17.95 if paid on or before March 4, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

[illegible] Hewitt
Signature of Purchaser

R. R. #3
Address

Hinsdale, Illinois
City *State*

Signature of Co-signer with Purchaser	c/o D. R. Andrus *Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Feb. 8 1952 Amt. $751.00

Payment Received in Full ______________________ 194____ Check Number ______________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/7/52	751.00	100.00	651.00
	~~533.15~~	~~533.15~~	
2/23/52	651.00	533.15	117.85
3/20/52	117.85	100.00	Pd in full
	17.85 due.		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE**, including merchandise selected

Personal ~~and Staff~~ Service ~~Preparation and Preservation~~ Funeral Facilities and Equipment ~~Visitors Register~~ ~~Acknowledgment Cards~~ ~~Funeral Car~~ Casket Coach ~~Casket~~	75
Outside Receptacle	
Clothing	
Slippers	
Total (A)	

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	25 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	100 00

763,

35 18

FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No.______

Dec. 26 1951

Full name of deceased Cora Thrasher Crow. Age______

Deceased is ______ *(Give relationship)* of person arranging services.

(A) Services, ~~including merchandise~~	$ 75 00
(B) Accommodation Items	$ 25 00
Total (A & B)	$ 100 00
*(C) Additional items ordered later	$
Total Amount	$ 100 00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms______

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

*By*______

I, or we, accept and approve the above.

C. M. Sloan & Sons Funeral Home
Signature of Purchaser

______
Address

Ft. Wayne *City* Ind. *State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Dec. 26 1951 Amt. $100.00

Payment Received in Full Dec. 26, 1951 194 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/26/51	100.00	100.00	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 34

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Florence (Middle) (Last) Tressler

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Sparta Twp. LENGTH OF STAY (in this place) 24 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) December (Day) 7 (Year) 1951

SEX female COLOR OR RACE white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH Oct. 9, 1878 AGE (In years last birthday) 73 If Under 1 Year Months Days If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ohio CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Tom Johnston

MOTHER'S MAIDEN NAME Elizabeth Armstrong

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item) Signature Cassius Tressler

Address Cromwell, Ind. R. R. Relationship to the deceased Husband.

PLACE OF BURIAL Cremation or Removal DATE

Cemetery Sparta 12/9 1951

Location Kimmell, Ind.

County Noble State Indiana

DATE OF DEATH December 7, 1951 Hour 9:15 AM.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. W. L. Harlan

Address Ligonier, Ind. Phone No.

SURVIVED BY Husband - Cassius

1 Brother, Glenn Johnston, Montpelier, O.

RELIGION Protestant

CLERGYMAN

Address Phone No.

FUNERAL DATE December 9, 1951

TIME 2:00 P. M.

PLACE L. H. Moore Funeral Home.

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Willard Davison, Harvey Field
Dale Kinsey, Alvin Shook
Claude Stivarty John Triebl

CEMETERY LOT NO. 199 W Owner of Lot Cassius Tressler

Section 7 Grave No. 3

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6'6 - 23	Description State	Interior Satin Twill
From W. E. Henny	Mfrs. No.	Our Number C 75 DB	Finish covered
Cost before Cash Discount /	Trimmed Complete	Covering Plush	Color grey

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 445 00
	Outside Receptacle (Kind)	75 00
B.	Cash Advanced for Accommodation Items	15 00
C.	Additional items ordered later	
	Total	560 00
	Amount Paid - Cash -	
	Balance	

Terms: 13 35 Dis 30 day.

Selling Price of This Funeral Service	☞	560 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	75 00	
*Outer Case-Cost $ 45 00 Selling Price	75 00	
*Embalming - " $ " "		
*Clothing - - " $ " "	25 00	
Livery		
Total	175 00	
Total Cash Advances	15 00	
Discount (if not figured in operation cost)	13.35	
Total Net Cost of Funeral	☞	203.35
Gross Profit on Funeral		356.65
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		7.65

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service	445	00	
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle	75	00	
	Clothing	25	00	
	Slippers			
	Total (A)			545 00
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges	15	00	
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			15 00
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			560 00
	Total Amount			

763

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

14

FUNERAL PURCHASE RECORD

No. 34

December 7 1951

Full name of deceased Florence Tressler Age 73

Deceased is wife (Give relationship) of person arranging services

(A)	Services, including merchandise	$ 545 00
(B)	Accommodation Items	$ 15 00
	Total (A & B)	$ 560 00
*(C)	Additional items ordered later	$
	It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.	
	Total Amount	$ 560 00

My, or our, preference for settlement is:

Terms Discount of 1 25 if paid on or before Jan 1, 1952

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

L. R. Tressler
Signature of Purchaser

R.R. #1
Address

Cromwell, Indiana
City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	445 00
Outside Receptacle	75 00
Clothing	25 00
Slippers	
Total (A)	545 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	15 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	15 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	560 00

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________194____ Amt. $__________

Payment Received in Full *Jan. 2* ____________________1951 Check Number____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1/2/51	546 65	546 65	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 33

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) John (Middle) Francis (Last) Harting

STREET ADDRESS (If rural, give location) Rural

CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Grange

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
STATE Indiana COUNTY La Grange

PLACE OF DEATH COUNTY La Grange STATE Ind.

CITY OR TOWN (If outside corporate limits write RURAL and give township) La Grange

LENGTH OF STAY (in this place) 6 wks

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Grange Memorial Hospital

DATE OF DEATH (Month) November (Day) 10 (Year) 1951

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH May 17, 1867

AGE (In years last birthday) 84

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

KIND OF BUSINESS OR INDUSTRY Farm Labor

BIRTHPLACE (State or foreign country) Ohio

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Ephram Harting

MOTHER'S MAIDEN NAME Sarah Newman

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Owen Harting
Address Wolf Lake, Ind.
Relationship to the deceased nephew

PLACE OF BURIAL Cremation or Removal
Cemetery Brown
DATE 11/13 1951
Location Millersburg
County Elkhart State Ind.

DATE OF DEATH November 10 1951 Hour 6:06 PM

CAUSE OF DEATH Coronary Sclerosis

AUTOPSY YES ☐ NO ☑

PHYSICIAN D. C. Weir

Address La Grange Phone No.

SURVIVED BY 1 nephew - Owen Harting
2 nieces -

RELIGION United Brethren

CLERGYMAN Rev Roy Emory

Address Topeka, Ind. Phone No.

FUNERAL DATE November 13, 1951

TIME

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS none

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot John Harting

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6/6 - 24"	Description	oct.	Interior	satin twill
From	M. E. Gurney	Mfrs. No.		Our Number		Finish	cloth
Cost before Cash Discount		Trimmed Complete		Covering	Louisine	Color	gray

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ ~~405.00~~ 330.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	405.00
	Amount Paid - Cash -	
	Balance	

Terms: Discount of $20.00

Selling Price of This Funeral Service	☞	405.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	55.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	130.00	
Total Cash Advances		
Discount (if not figured in operation cost)	20.00	
Total Net Cost of Funeral	☞	150.00
Gross Profit on Funeral		255.00
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		94.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	**OUR SERVICE, including merchandise selected**		
	Personal and Staff Service		
	Preparation and Preservation		
	Funeral Facilities and Equipment		
	Visitors Register		
	Acknowledgment Cards		
	Funeral Car or Sedan	330.00	
	Casket Coach		
	Casket		
	Outside Receptacle	75.00	
	Clothing		
	Slippers		
	Total (A)		405.00
(B)	**INCIDENTAL ACCOMMODATION ITEMS** To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.		
	Tax		
	Cemetery Charges		
	Additional Autos		
	Telegrams		
	Long Distance Telephone Calls		
	R. R. Transportation		
	Flowers		
	Clergyman		
	Special Music		
	Obituary Notices		
	Total (B)		
(C)	**ADDITIONAL ITEMS ORDERED LATER**		
	Total (C)		
	Total Amount		405.00

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
55.00 — Casket
330.00

45.00 — Outside Receptacle 75.00

Clothing . . . . ______
Slippers . . . . ______
. . . . ______

Total (A) 405.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax . . . . ______
Cemetery Charges . . . . . ______
Additional Autos . . . . . ______
Telegrams . . . . ______
Long Distance Telephone Calls ______
R. R. Transportation . . . . ______
Flowers . . . . ______
Clergyman . . . . ______
Special Music . . . . ______
Obituary Notices . . . . . . ______

Total (B) ______

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C) ______

Total Amount ______

TRIPLICATE
Form D F 22
Copyrighted F. F. D. of A.

763

16

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 33

November 11 1951

Full name of deceased John F. Harting Age 81

Deceased is Uncle of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 405.00

(B) Accommodation Items . . . . . . $ ______

Total (A & B) $ ______

*(C) Additional items ordered later . . . $ ______

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 405.00

My, or our, preference for settlement is:

Terms Discount of $2.00

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Owen Harting
Signature of Purchaser

Address

Wolf Lake Indiana
City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Nov. 13 1951 Amt. $405.00

Payment Received in Full ____________________ 194____ Check Number ____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/5/51	385.00	115.00	270.00
1/5/52	270.00	70.00	200.00
2/11/52	200.00	50.00	150.00
2/12/52	150.00	50.00	100.00
5/5/52	100.00	100.00	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 32

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Edward (Middle) Charles (Last) Shearer II

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location) Rural

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

LENGTH OF STAY (in this place) 7 yrs

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute To Luckey Hosp. (Wolf Lake)

DATE OF DEATH (Month) November (Day) 8 (Year) 1951

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

DATE OF BIRTH April 20, 1944

AGE (In years last birthday) 7

If Under 1 Year Months | Days

If Under 24 Hrs. Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A

FATHER'S NAME Edward Shearer

MOTHER'S MAIDEN NAME Eva Kiester

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

Edward Shearer

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address Ligonier, Ind. R.R. #2

Relationship to the deceased Father

PLACE OF BURIAL ~~Cremation or Removal~~

Cemetery Sparta

DATE 11/11 1951

Location Kimmell

County Noble State Indiana

DATE OF DEATH November 8 1951 Hour 5:05 PM

CAUSE OF DEATH Fractured Cervical vertebrae + crushed chest

AUTOPSY YES ☐ NO ☑

PHYSICIAN Coroner

Address Kendallville, Ind Phone No.

SURVIVED BY Father - Edward Shearer
Mother - Eva Kiester Shearer
Brothers - Douglas + Robert
Paternal Grand Mother - Mrs. Mabel Kunts
Ligonier, Ind

RELIGION Presbyterian

CLERGYMAN Rev. Calvin Vidrin

Address Ligonier, Ind. Phone No.

FUNERAL DATE November 11, 1951

TIME 2:00 PM

PLACE At the Residence

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Joe Cavanaugh - Ronnie Heffner
Rodger Lawson, Wayne Clark

CEMETERY LOT NO. Owner of Lot Edward Shearer

Section Grave No.

FUNERAL DIRECTED BY L.K. Moore License No.

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 5'	Description metal	Interior Sunset Bridal
From M. E. Gunny	Mfrs. No.	Our Number	Finish satin white
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 425 00
Outside Receptacle (Kind)	56 00
B. Cash Advanced for Accommodation Items	15 00
C. Additional items ordered later	
Total	496 00
Amount Paid - Cash - Balance	
Terms:	

Selling Price of This Funeral Service	☞	496 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	157 00	
*Outer Case-Cost $ 36 Selling Price 56	56 00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	213.00	
Total Cash Advances	15 00	
Discount (if not figured in operation cost)	228.00	
Total Net Cost of Funeral	☞	228 00
Gross Profit on Funeral		268.00
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		81.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car or Sedan			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)			
Total Amount			

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	425.00
Outside Receptacle	56.00
Clothing	
Slippers	
Total (A)	481.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	15.00
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	15.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	496.00
Total Amount	

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

18

FUNERAL PURCHASE RECORD

No. 3 2

November 9 51 ~~2nd~~ 7 194__

Full name of deceased [illegible] Edward Charles (Eddie) Shaw Age 7

Deceased is son of person arranging services.
(Give relationship)

(A) Services, including merchandise	$ 481.00
(B) Accommodation Items	$ 15.00
Total (A & B)	$ 496.00
*(C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 496.00

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Nov. 9 1951 Amt. $496.00

Payment Received in Full 11/16 1951 Check Number __________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11/16/51	496 00	496 00	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 31

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) Elva (Middle) May (Last) Koher

STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Illinois COUNTY Cook

PLACE OF DEATH COUNTY Cook STATE Illinois

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago

LENGTH OF STAY (In this place) 1 wk.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bethany Methodist Hospital

DATE OF DEATH (Month) October (Day) 7 (Year) 1951

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH June 6, 1881

AGE (In years last birthday) 70

If Under 1 Year: Months | Days

If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME George Galloway

MOTHER'S MAIDEN NAME Mary Archer

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature J. Johnson

Address Chicago

Relationship to the deceased

PLACE OF BURIAL Cremation or Removal Cemetery Indian Village

DATE 10/10 1951

Location Indian Village

County Noble State Indiana

DATE OF DEATH October 7, 1951 Hour 7:00 PM

CAUSE OF DEATH Cerebral Hemorrhage

AUTOPSY YES ☐ NO ☒

PHYSICIAN

Address Phone No.

SURVIVED BY 1 daughter - 3, brothers 1 sister
2 grandchildren

RELIGION Lutheran

CLERGYMAN Rev. Harry Myers

Address Cromwell, Ind. Phone No.

FUNERAL DATE October 10, 1951

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Marion Galloway, Merle Galloway, Harve Galloway, Don Galloway, Herbert Galloway, George Galloway

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 24	Description Cameo Steel	Interior Rock Rose Velvet
From M. E. Gurney	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Bronze

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 768 00
	Outside Receptacle (Kind)	75 00
B.	Cash Advanced for Accommodation Items	25 00
C.	Additional items ordered later	
	Total	868 00
	Amount Paid - Cash -	
	Balance	
	Terms:	

Selling Price of This Funeral Service	☞	868 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	201 00
*Outer Case-Cost $45 00 Selling Price	75 00
*Embalming - " $ " "	
*Clothing - - " $ " "	
Livery	
Total	276 00
Total Cash Advances	25 00
Discount (if not figured in operation cost)	8 04

Total Net Cost of Funeral	☞	309.04
Gross Profit on Funeral		558.96
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		209.96

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register	768	00	
	Acknowledgment Cards			
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle	75	00	
	Clothing			
	Slippers			
	Total (A)	843	00	
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Drive to Chicago	25	00	
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount	868	00	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	768.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	843.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Drive to Chicago	25.00
Total (B)	868.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

1B

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 31

October 8 1951

Full name of deceased Elva May Koher Age 70

Deceased is mother *(Give relationship)* of person arranging services.

(A)	Services, including merchandise	$ 843.00
(B)	Accommodation Items	$ 25.00
	Total (A & B)	$ 868.00
*(C)	Additional items ordered later	$
	Total Amount	$ 868.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of $8.04 if paid on or before Nov. 8, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Mrs Elmer Terwell
Signature of Purchaser

6742 S. Loron ave.
Address

Chicago *City* Illinois *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. October 11 1951 Amt. $868 00

Payment Received in Full October 10 1951 Check Number 199

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/10/51	868 00	868 00	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 30

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Anna (Middle) Elizabeth (Last) Milnar

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendallville

STREET ADDRESS 416 Diamond (if rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendallville

LENGTH OF STAY (in this place) 2 mos.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 416 Diamond St.

DATE OF DEATH (Month) September (Day) 7 (Year) 1951

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

DATE OF BIRTH Sept. 28, 1869

AGE (In years last birthday) 81

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Austria

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Unknown

MOTHER'S MAIDEN NAME Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Andrew M. Milnar

Address 416 Diamond, K'ville

Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

DATE 9/10 1951

Location Kimmell, Ind.

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

DATE OF DEATH Sept. 7, 1951 Hour 5:00 PM

CAUSE OF DEATH Chronic Myocarditis

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. Joseph Seybert

Address K'ville Phone No.

SURVIVED BY 1 son Andrew.

1 granddaughter

RELIGION Catholic

CLERGYMAN The Rev. Edward Donovan O.M.I.

Address Ligonier Ind Phone No. 188

FUNERAL DATE September 10, 1951

TIME 9:00 AM

PLACE St. Patricks Catholic Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Clarence Teders.

Victor Burger

Lee Carpenter

Bill Spencer

Geo Williamson

James Spring

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/3 - 22	Description octagon	Interior satin twill
From M. E. Gurney	Mfrs. No.	Our Number F58/50 D	Finish
Cost before Cash Discount	Trimmed Complete	Covering Broadcloth	Color Gray

SALE AND COST RECORD

A. Services, including casket and merchandise $ 343.00
Outside Receptacle (Kind) 75.00
B. Cash Advanced for Accommodation Items
C. Additional items ordered later

Total 418.00
Amount Paid - Cash - —
Balance 418.00

Terms:

Selling Price of This Funeral Service ☞ 418.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	58.50	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	133.50	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		133.50
Gross Profit on Funeral		285.50
**Less Operation Cost per Funeral		249.00
Net Profit or Loss Apparent		63.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected			
Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car or Sedan			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			
(C) ADDITIONAL ITEMS ORDERED LATER			
Total (C)			
Total Amount			

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	343.00
Outside Receptacle	75.00
Clothing	
Slippers	
. . . .	
Total (A)	418.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

13

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 30

September 8 1951

Full name of deceased Anna E. Milnar Age 81

Deceased is mother (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$418.00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later . . .	$
	Total Amount	$418.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

A Milnar
Signature of Purchaser

416 Diamond St.
Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Sept 10 1951 Amt. $ 418 00

Payment Received in Full Oct. 17, 1951 194___ Check Number__________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/17/51	418 00	418 00	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 29

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Harvey (Middle) B. (Last) Priest

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cromwell

STREET ADDRESS (If rural, give location) none

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wolf Lake

LENGTH OF STAY (in this place) 4 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luckey Hospital

DATE OF DEATH (Month) August (Day) 25 (Year) 1951

SEX male

COLOR OR RACE White

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

DATE OF BIRTH March 26, 1867

AGE (In years last birthday) 84

If Under 1 Year Months | Days

If Under 24 Hrs. Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ohio

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Silas Priest

MOTHER'S MAIDEN NAME Alvira Williams

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Furman Buck

Address Syracuse, Ind.

Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal Cemetery Sparta

DATE Aug. 28 1951

Location Kimmell, Indiana

County Noble State Ind.

DATE OF DEATH August 25, 1951 Hour 6:30 PM

CAUSE OF DEATH Congestive Heart failure

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. Harold Luckey

Address Wolf Lake Phone No.

SURVIVED BY 2 daughters - Mrs. Furman Buck
Mrs. Harley Holloway
3 grand children
1 great grand child
3 sisters, Mrs. Nellie Rance, Ligonier
" Ethel Goodrich, Chicago
" Ora Hofer, Hermosa Beach
Calif.

RELIGION Protestant

CLERGYMAN Rev. O. C. Truesdale.

Address Syracuse Ind. Phone No.

FUNERAL DATE August 28, 1951

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS None

SINGERS

BEARERS Chet Hiddle
Lon Brown
Dick D. Mott
Neal Houts
Everett Lytton
Ralph Moore

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 23	Description Oak	Interior satin twill
From ~~[illegible]~~ Kammer Casket Co.	Mfrs. No.	Our Number	Finish Gloss
Cost before Cash Discount	Trimmed Complete	Covering	Color Light Brown

SALE AND COST RECORD

A. Services, including casket and merchandise	$530.00
Outside Receptacle (Kind)	75.00
B. Cash Advanced for Accommodation Items	15.00
C. Additional items ordered later	
Total	620.00
Amount Paid - Cash -	—
Balance	620.00
Terms:	

Selling Price of This Funeral Service	☞	620.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	115.00	
*Outer Case-Cost $45.00 Selling Price 75.00	75.00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	190.00	
Total Cash Advances	15.00	
Discount (if not figured in operation cost)	15.90	
Total Net Cost of Funeral	☞	220.90
Gross Profit on Funeral		399.10
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		50.10

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	**OUR SERVICE, including merchandise selected**			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards	530	00	
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle	75	00	
	Clothing			
	Slippers			
	Total (A)	605	00	
(B)	**INCIDENTAL ACCOMMODATION ITEMS** To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges	15	00	
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	**ADDITIONAL ITEMS ORDERED LATER**			
	Total (C)	620	00	
	Total Amount			

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	530.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	605.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	15.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	15.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	620.00

763,

IV

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 29

August 25 1951

Full name of deceased Harvey B. Priest Age 84

Deceased is Father (*Give relationship*) of person arranging services.

(A) Services, including merchandise	$605.00
(B) Accommodation Items	$15.00
Total (A & B)	$620.00
*(C) Additional items ordered later	$
Total Amount	$620.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount $15.00 if paid on or before Sept. 25, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. August 27 1951 Amt. $620.00

Payment Received in Full Sept. 20 1951 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
9.20/51	604.10	604.10	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 28

DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) George (Middle) Franklin (Last) Leamon

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell, Indiana

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCray Memorial

LENGTH OF STAY (in this place) 5 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCray Memorial Hosp.

DATE OF DEATH (Month) 8 (Day) 16 (Year) 51

SEX Male

COLOR OR RACE White

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

DATE OF BIRTH 12-27

AGE (In years last birthday) 76

If Under 1 Year Months | Days

If Under 24 Hrs. Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

KIND OF BUSINESS OR INDUSTRY Contract work

BIRTHPLACE (State or foreign country) Noble County

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME John Leamon

MOTHER'S MAIDEN NAME Mary Jane Gallaway

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 311-24-6563

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Nora Leamon

Address Cromwell, Ind.

Relationship to the deceased Wife

PLACE OF BURIAL ~~Cremation~~ or ~~Removal~~

Cemetery Sparta

DATE 8-18-1951

Location Kimmell.

County Noble State Indiana

DATE OF DEATH Aug. 16-1951 Hour 10:15 A.M.

CAUSE OF DEATH Pulmonary Oedema

AUTOPSY YES ☐ NO ☒

PHYSICIAN Franklin Messer M. D.

Address K'ville Phone No.

SURVIVED BY Wife - ~~Nora~~ Elnora

3 sons - Kenneth

Everett

Franklin

2 daugh. Dora

Cecil

1 brother Charles

RELIGION

CLERGYMAN Rev. Maynard

Address Cromwell, Ind Phone No.

FUNERAL DATE Sat. Aug. 18-1951

TIME 2:30

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS Knights of Pythias

Pythian Sisters

SINGERS

BEARERS Donald Leamon, Paul Leamon

David Leamon, Robert Leamon,

Lewis Roberts, Franklin Roberts.

CEMETERY LOT NO. 1 Owner of Lot Mrs. Frank Leamon

Section 2 Grave No. 5

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23	Description slate	Interior Egg shell twill
From M. E. Gunney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount 81	Trimmed Complete	Covering Plush	Color Blue

SALE AND COST RECORD

A.	Services, including casket and merchandise	$445.00
	Outside Receptacle (Kind)	~~75.00~~
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	445.00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	445.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	81.00	
*Outer Case-Cost $ Selling Price		
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)	14.00	
Total Net Cost of Funeral	☞	95.00
Gross Profit on Funeral		350.00
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		1.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car or Sedan	445	00	
	Casket Coach			
	Casket			
	Outside Receptacle			
	Clothing			
	Slippers			
	Total (A)			
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER.			
	Total (C)			
	Total Amount	445	00	

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	445.00
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Slippers	
Total (A)	

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

11

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 28

______ 194__

Full name of deceased George Franklin Leamon Age 76

Deceased is Husband of person arranging services.
(Give relationship)

(A)	Services, including merchandise	$445.00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $445.00

My, or our, preference for settlement is:

Terms Discount of 14.00 if paid on or before Sept. 17, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By ______

______
Signature of Purchaser

______
Address

______
City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Aug. 20 19451 Amt. $445.00

Payment Received in Full 194 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8/23/51	431.00	331.00	100.00
6/27/51	100.00	100.00	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 27

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Arthur (Middle) (none) (Last) Eden

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location) Sparta Township

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Sparta Twp.

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sparta Township

DATE OF DEATH (Month) August (Day) 12 (Year) 1951

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

DATE OF BIRTH 2/24/1883

AGE (In years last birthday) 68

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Wesley Eden

MOTHER'S MAIDEN NAME Rose Stocker

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Ada Eden

Address Cromwell, Ind.

Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal

Cemetery Indian Village

DATE 8-15 1951

Location Indian Village

County Noble State Ind.

DATE OF DEATH August 12, 1951 Hour 2:00 PM

CAUSE OF DEATH Metastatic Carcinoma Brain

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. J. B. Schutt

Address Ligonier, Ind. Phone No.

SURVIVED BY wife - Ada -

4 sons - Ralph, James, Orville, Roy

1 daughter - Dorothy Shire

RELIGION Protestant

CLERGYMAN Rev. Robert Hersha

Address Phone No.

FUNERAL DATE August 15, 1951

TIME 2:00 P.M.

PLACE U. B. Church Indian Village

FRATERNAL AFFILIATIONS

SINGERS Mrs. Ora Yoder

Mrs Beatrice Baughen

BEARERS Charles Archer

John Beck

Roy Coy

Joe DeBurlan

Merle Galloway

Arthur Kolberg

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. V. Moore License No. 1-52

EMBALMER'S LICENSE NO. 4150

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 23	Description Wild cherry	Interior Rostian Crepe
From: New Castle	Mfrs. No.	Our Number	Finish Mahogany
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 595 00
	Outside Receptacle (Kind)	75 00
B.	Cash Advanced for Accommodation Items	15 00
C.	Additional items ordered later	
	Total	685 00
	Amount Paid - Cash -	
	Balance	

Terms:

Selling Price of This Funeral Service	☞	685 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	137 50	
*Outer Case-Cost $45 00 Selling Price 75 00	75 00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	212.50	
Total Cash Advances	15.00	
Discount (if not figured in operation cost)	17.85	
Total Net Cost of Funeral	☞	245.35
Gross Profit on Funeral		439.65
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		90.65

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, Including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards	595	00	
	Funeral Car or Sedan			
	Casket Coach			
	Casket			
	Outside Receptacle	75	00	
	Clothing			
	Slippers			
	Total (A)	670	00	
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges	15	00	
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount	685	00	

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	595.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	670.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	15.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	15.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	685.00

TRIPLICATE Form DF 22
Copyrighted F. F. D. of A.

763

90

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 27

August 13 1951

Full name of deceased Arthur Iden Age 68

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 670.00
(B)	Accommodation Items	$ 15.00
	Total (A & B)	$
*(C)	Additional items ordered later	$
	Total Amount	$ 685.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of $17.85 if paid on or before Sept. 13, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

Cromwell Indiana
City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Aug. 16 1951 Amt. $685.00

Payment Received in Full Sept. 5 1951 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Sept. 5, '51	667 15	667 15	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 26

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Carl (Middle) Norman (Last) Bowling

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
STATE Indiana COUNTY Noble

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

LENGTH OF STAY (in this place) 22 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) July (Day) 30 (Year) 1951

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

DATE OF BIRTH July 27, 1929

AGE (In years last birthday) 22

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver

KIND OF BUSINESS OR INDUSTRY Trucking

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Baxter Bowling

MOTHER'S MAIDEN NAME Louise Leamon

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no.

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

DISCHARGED

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Baxter Bowling

Address Cromwell

Relationship to the deceased Father

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta

DATE Aug. 1 1951

Location Kimmell, Ind.

County Noble State Indiana

DATE OF DEATH July 30, 1951 Hour 7:00 AM

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. W. L. Harlan

Address Ligonier, Ind. Phone No.

SURVIVED BY Father - Baxter, Mother - Louise
Brother - Don, Grand parents -
Mr. & Mrs. James H. Bowling
Mr & Mrs. Harrison Leamon

RELIGION Protestant

CLERGYMAN Rev Harry Myers & Rev K. E. Maynard

Address Cromwell Phone No.

FUNERAL DATE August 1, 1951

TIME 2:30 P.M.

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS none

SINGERS

BEARERS Eugene Birch
Arthur Haven
Raymond Johnson
Cecil Johnson Jr.
Ray Chrisman, Allen Hutsell

CEMETERY LOT NO. 257 W. Owner of Lot Baxter Bowling

Section 8 Grave No. 3

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23	Description Monoseal	Interior Crepe
From Batesville	Mfrs. No.	Our Number 115876	Finish Metal
Cost before Cash Discount 158	Trimmed Complete	Covering	Color Gold tone

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 679 00
	Outside Receptacle (Kind)	75 00
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total	754 00
	Amount Paid - Cash -	
	Balance	754 00
	Terms:	

Selling Price of This Funeral Service	☞	754 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	158 00	
*Outer Case-Cost $45 00 Selling Price 75 00	75 00	
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total	23300	
Total Cash Advances		
Discount (if not figured in operation cost)	2037	
Total Net Cost of Funeral	☞	253.37
Gross Profit on Funeral		500.63
**Less Operation Cost per Funeral		349.00
Net Profit or Loss Apparent		151.63

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected			
Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register	679	00	
Acknowledgment Cards			
Funeral Car or Sedan			
Casket Coach			
Casket			
Outside Receptacle	75	00	
Clothing			
Slippers			
Total (A)			754 00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			
(C) ADDITIONAL ITEMS ORDERED LATER			
Total (C)			
Total Amount			754 00

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	$679.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	754.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

9

FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 26

July 30, 1950

Full name of deceased Carl Norman Bowling Age 22

Deceased is Father (Give relationship) of person arranging services.

(A)	Services, including merchandise	$754.00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $754.00

My, or our, preference for settlement is:

Terms Discount $20.37 if paid on or before Aug. 30, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Baxter Bowling
Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Aug. 1 1951 Amt. $754 00

Payment Received in Full Aug. 11 1951 Check Number —

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
8-11-51		763 00	Pd. in Full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 25

Number of Burial Permit

1. FULL NAME Floyd Merle Galloway

Residence No. Sparta Twp. St. (Usual place of abode) Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ....yrs. ....mos. ....ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Kimmell R. R. #1

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH July 26, 1951 Hour 2:30 P.M.

CAUSE OF DEATH Fractured cervical vertebrae crushed chest

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no. 3.(c) Social Security No. none

4. SEX male	5. COLOR or RACE white	6.(a) ~~Single~~, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Mae

6.(c) Age of husband or wife if alive 56 years

7. DATE OF BIRTH (month, day, & year) April 14, 1891

8. AGE Years	Months	Days	If less than 1 day
60	3	12	day .... hrs. or .... min.

9. Birthplace Noble (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Father

12. Name Grosse Galloway

13. Birthplace Noble (City, town, or county) Ind. (State or foreign country)

Mother

14. Maiden name Angeline LeCount

15. Birthplace Noble (City, town, or county) Ind. (State or foreign country)

16. INFORMANT Earl Galloway

P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal (b) DATE ...., 19.....

(a) Cemetery Sparta

Location Kimmell Ind. (Township, Road Dist., Village or City)

County Noble State Ind.

CEMETERY LOT NO. 219 Owner of Lot

Section Grave No.

PHYSICIAN Noble County Coroner

Address Kendallville Phone No.

SURVIVED BY wife, Mae
sons Melvin, Earl, Don
mother - Angeline
Sister - Mrs. Fred Knapp

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS none

FUNERAL DATE July 29, 1951

TIME 2:00 PM

PLACE Broadway Christian Church

CLERGYMAN Rev. Jerry Phipps

Address Ormas, Ind. Phone No.

SINGERS

BEARERS Glenn Dearduff, Ivan Prentice,
Active Harold Poszharsky, Alvin Wilkinson
Everett Baker, Gary Iden Jr.

FUNERAL DIRECTED BY Lloyd H. Moor License No. 1752

EMBALMER'S LICENSE NO. 1480

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date Jan. 29, 1951	Size 6/6 23	Description ½ couch steel	Interior Silver F7 Crepe
From Kammer Casket Co.	Mfrs. No. #700	Our Number Y150 B2	Finish Rubbed.
Cost before Cash Discount $150.30	Trimmed Complete	Covering /	Color Silver Blend

SALE AND COST RECORD

A. Services, including casket and merchandise	$637 00
Outside Receptacle Concrete Vault (Kind)	75 00
B. Cash Advanced for Accommodation Items	
C. Additional items ordered later	
Total $	712 00
Amount Paid - Cash -	—
Balance $	
Terms: Disc #14 11 30 Days net 60 days	712 00

Selling Price of This Funeral Service	☞	712 00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	150.30	
*Outer Case-Cost - $45 00 Selling Price	75 00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	225.30	
Total Cash Advances		
Discount (if not figured in operation cost)	19.11	
	244.41	
Total Net Cost of Funeral	☞	244.41
Gross Profit on Funeral		467.59
**Less Operation Cost per Funeral		348.00
Net Profit or Loss Apparent		119.59

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected			
Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car			
Casket Coach			
Casket	637 00		
Outside Receptacle	75 00		
Clothing			
Slippers			
Total (A)			712 00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			
(C) ADDITIONAL ITEMS ORDERED LATER			
Total (C)			
Total Amount			

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	637.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	712.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

763

8

FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 25

July 26 1951

Full name of deceased Floyd Merle Galloway Age 60

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 712.00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$
	Total Amount	$ 712.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of #19.11 if paid on or before Aug. 26, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

[illegible] Mae Galloway
Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. July 30 1951 Amt. $712.00

Payment Received in Full August 15 1951 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Aug 15, 1951	692 89	692 89	Pd. in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 24

Number of Burial Permit

1. FULL NAME Isaiah Klingaman

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ....yrs..........mos..........ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Kosciusko Township Turkey Creek

Address Syracuse, Ind. RR 2

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH April 30, 1951 Hour 12:30 PM

CAUSE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war..........

3.(c) Social Security No.

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Lovina

6.(c) Age of ~~husband~~ or wife if alive 87 years

7. DATE OF BIRTH (month, day, & year) April 20, 1860

8. AGE Years	Months	Days	If less than 1 day ..... hrs. or ..... min.
91	0	10	

9. Birthplace (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Auctioneer + resort oper.

11. Industry or business

Father
12. Name William Klingaman
13. Birthplace Unknown (City, town, or county) (State or foreign country)

Mother
14. Maiden name
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. INFORMANT Milo Klingaman

P. O. Address Syracuse Ind R.R. 2

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery McClintic (b) DATE 5/3 1951
Location Turkey Creek Township (Township, Road Dist., Village or City)
County Noble State Ind.

CEMETERY LOT NO. 56 Owner of Lot

Section Grave No.

PHYSICIAN Dr. Stalter

Address North Webster Ind. Phone No.

SURVIVED BY Widow, Lovina

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE May 3, 1951

TIME 1:30 P.M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. K. E. Maynard.

Address Cromwell Phone No.

SINGERS

BEARERS

Active Charles Jackson, - Robert Hunter, Earnest Stump, Vestel Klingaman, Paul Stump, Kenneth Stump

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Sept. 1950	Size	6/6 — 23	Description		Interior	Satin twill
From	M. E. Guiney	Mfrs. No.		Our Number		Finish	
Cost before Cash Discount	87.00	Trimmed Complete	✓	Covering	Latham	Color	Boutan

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 568.00
	Outside Receptacle (Kind)	
B.	Cash Advanced for Accommodation Items	10.00
C.	Additional items ordered later	
	Total $	578.00
	Amount Paid - Cash -	
	Balance $	578.00

Terms:

Selling Price of This Funeral Service	☞	578.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	87.00	
*Outer Case-Cost - $45.00 Selling Price 75.00		
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total		
Total Cash Advances	10.00	
Discount (if not figured in operation cost)	14.79	
	9	
Total Net Cost of Funeral	☞	111.78
Gross Profit on Funeral		466.21
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		153.71

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected				
	Personal and Staff Service				
	Preparation and Preservation				
	Funeral Facilities and Equipment				
	Visitors Register				
	Acknowledgment Cards	493	00		
	Funeral Car				
	Casket Coach				
	Casket				
	Outside Receptacle	75	00		
	Clothing				
	Slippers				
	Total (A)			568	—
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
	Tax				
	Cemetery Charges				
	Additional Autos				
	Telegrams				
	Long Distance Telephone Calls				
	R. R. Transportation				
	Flowers				
	Clergyman	10	00		
	Special Music				
	Obituary Notices				
				10	
	Total (B)				
(C)	ADDITIONAL ITEMS ORDERED LATER				
	Total (C)				
	Total Amount			578	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	493⁰⁰
Outside Receptacle	75⁰⁰
Clothing	
Slippers	
Total (A)	568⁰⁰

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	~~10⁰⁰~~ 10⁰⁰
Special Music	
Obituary Notices	
	10⁰⁰
Total (B)	~~10⁰⁰~~

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

---

763 .

4

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 24

May 1 1951

Full name of deceased Isaiah Klingaman Age 87

Deceased is Father (Give relationship) of person arranging services.

(A) Services, including merchandise	$568⁰⁰
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later	$ ~~10⁰⁰~~ 578
Total Amount	$ ~~568⁰⁰~~ ~~568,00~~

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of #14 ⁷⁹ allowed if paid on or before June 1, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

x Herschel D Klingaman
Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________________194____ Amt. $__________

Payment Received in Full____194_____ Check Number________________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 23

Number of Burial Permit

1. FULL NAME Sarah E. Williams

Residence No. St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 4 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Perry

Address Ligonier Indiana

Johnson Nursing Home

(If death occurred in a hospital or institution, give its name instead of street & number)

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX F.

5. COLOR or RACE W.

6.(a) Single, Married, Widowed or Divorced (write the word)

6.(b) Name of husband ~~or wife~~ Elmer

6.(c) Age of husband or wife if alive — years

7. DATE OF BIRTH (month, day, & year) Jan. 30, 1859

8. AGE Years 92 Months Days If less than 1 day hrs. or min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father
12. Name Henry Schlabaugh
13. Birthplace Penn.
(City, town, or county) (State or foreign country)

Mother
14. Maiden name Mary Grieder
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. INFORMANT Elmer Schlabaugh
P. O. Address Kimmell, Ind.

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery Sparta
(b) DATE April 27, 1951
Location Kimmell
(Township, Road Dist., Village or City)
County Noble State Ind

CEMETERY LOT NO. Owner of Lot

Section Grave No.

DATE OF DEATH April 25 - 1951 Hour 1:15

CAUSE OF DEATH

PHYSICIAN Dr. O F Stultz

Address Ligonier Phone No.

SURVIVED BY

WAR RECORD: Enlisted Discharged

Name War

Branch of Service
(Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Friday - 27 - 1951

TIME 2: o'clock

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Maynard, T. E.

Address Cromwell Phone No.

SINGERS

BEARERS

Active

FUNERAL DIRECTED BY License No.

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date April 26, 1951	Size 6/3/22	Description	Interior satin Twill
From M. E. Gurney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount 59.50	Trimmed Complete	Covering Broad cloth	Color

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 351.00
	Outside Receptacle (Kind)	75.00
B.	Cash Advanced for Accommodation Items	20.00
C.	Additional items ordered later	
	Total $	446.00
	Amount Paid - Cash -	
	Balance $	

Terms: Net 30 days

Selling Price of This Funeral Service	☞	446.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	59.50	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ — " " 8.00	8.00	
Livery		
Total	142.50	
Total Cash Advances	20.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	162.50
Gross Profit on Funeral		283.50
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		(29.00)

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car			
	Casket Coach			
	Casket			
	Outside Receptacle			
	Clothing			
	Slippers			
	Total (A)			426.00
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			15.00
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			5.00
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			446.00

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	343.00
Outside Receptacle	75.00
Clothing	8.00
Slippers	
Total (A)	426.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	15.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	5.00
Special Music	
Obituary Notices	
Total (B)	20.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

6

FUNERAL PURCHASE RECORD

No. 23

April 26 194 51

Full name of deceased Sarah E. Williams Age 92

Deceased is Aunt (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 426.00
(B) Accommodation Items	$ 20.00
Total (A & B)	$ 446.00
*(C) Additional items ordered later	$
Total Amount	$ 446.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________194____ Amt. $________

Payment Received in Full________________194____ Check Number________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 27

Number of Burial Permit

1. FULL NAME Groan M. Galloway

Residence No. Cromwell St. Ind. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ....yrs..........mos..........ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Polk Township 63 X X

Address Ft. Meade, Florida

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Feb. 23, 1951 Hour 1:00 PM

CAUSE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Angeline

6.(c) Age of husband or wife if alive 82 years

7. DATE OF BIRTH (month, day, & year)

8. AGE Years	Months	Days	If less than 1 day .... hrs. or .... min.
84	2	5	

9. Birthplace Noble (~~City, town,~~ or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Father

12. Name Anderson Galloway

13. Birthplace unknown (City, town, or county) (State or foreign country)

Mother

14. Maiden name Harriett —

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Fred Knapp

P. O. Address Ft. Wayne, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE Mar. 2 1951

Location Kimmell, Ind. (Township, Road Dist., Village or City)

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section 1 Grave No.

SPECIAL REMARKS

PHYSICIAN

Address Phone No.

SURVIVED BY wife 1 son, 1 daughter

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Mar. 2, 1951

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Jerry Phipps

Address Phone No.

SINGERS

BEARERS Active Don Harper, Deane Harper, Harold Knipper, Everett Baker, Alvin Wilkinson, Jonas Gorsuch (Harold Porschasky)

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO.

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $
Outside Receptacle (Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $
Amount Paid - Cash -
Balance $

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket
*Outer Case-Cost - $ Selling Price
*Embalming - " - $ " "
*Clothing - " - $ " "
Livery

Total

Total Cash Advances
Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞
Gross Profit on Funeral
**Less Operation Cost per Funeral
Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected
Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors' Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service
~~Preparation and Preservation~~
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
~~Funeral Car~~
Casket Coach
~~Casket~~
90.00

Outside Receptacle	75.00
Clothing	
Slippers	
. . . .	
Total (A)	165.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges . . .	15.00
Additional Autos	
Telegrams	2.80
Long Distance Telephone Calls	1.58
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	19.38

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

55

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 22

Feb. 28 1951

Full name of deceased Monroe M. Galloway Age 84

Deceased is Father (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$165.00
(B)	Accommodation Items	$19.38
	Total (A & B)	$184.38
*(C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $184.38

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________194____ Amt. $________

Payment Received in Full____________________________________194____ Check Number____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3/21/51	184 38	184 38	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 21

Number of Burial Permit

1. FULL NAME Milo B. Pepple

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. 1 mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Marion Township

Address Robert Long Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Feb. 12, 1951 Hour 10:00 PM

CAUSE OF DEATH Cancer of prostate

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. None

4. SEX male

5. COLOR or RACE White

6.(a) Single, Married, Widowed or Divorced (write the word) Widowed

6.(b) Name of husband or wife Sylvia

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Aug. 20, 1863

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
87	5	22	

9. Birthplace Albion (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Painter

11. Industry or business

Father 12. Name John Pepple

13. Birthplace (City, town, or county) (State or foreign country)

Mother 14. Maiden name Unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Pearl Mueller

P. O. Address Cromwell, Indiana

17. PLACE OF BURIAL, Cremation or Removal

(a) Cemetery Sparta

(b) DATE Feb. 15, 1951

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Indiana

CEMETERY LOT NO. 696 Owner of Lot

Section 5 Grave No. 7

PHYSICIAN

Address Phone No.

SURVIVED BY 1 daughter Mrs. Pearl Mueller

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Feb. 15, 1951

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. K. E. Maynard.

Address Cromwell, Ind. Phone No.

SINGERS

BEARERS

Active

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4326

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6'3" 23	Description Octagon	Interior Egg shell Satin
From M. E. Gurney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Cloth	Color Grey

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 418 00
	Outside Receptacle (Kind)	
B.	Cash Advanced for Accommodation Items	15 00
C.	Additional items ordered later	
	Total $	433 00
	Amount Paid - Cash -	200 00
	Balance $	233 00
	Terms:	

Selling Price of This Funeral Service	☞	433 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	65 00	
*Outer Case-Cost - $ 45 00 Selling Price	75 00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	140 00	
Total Cash Advances	15 00	
Discount (if not figured in operation cost)	✓	
Total Net Cost of Funeral	☞	155 00
Gross Profit on Funeral		278 00
**Less Operation Cost per Funeral		312 50
Net Profit or Loss Apparent		135 50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected				
	Personal and Staff Service				
	Preparation and Preservation				
	Funeral Facilities and Equipment				
	Visitors Register				
	Acknowledgment Cards	~~418~~	00		
	Funeral Car	343	00		
	Casket Coach				
	Casket				
	Outside Receptacle	75	00		
	Clothing				
	Slippers				
	Total (A)			418	00
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
	Tax				
	Cemetery Charges	15	00		
	Additional Autos				
	Telegrams				
	Long Distance Telephone Calls				
	R. R. Transportation				
	Flowers				
	Clergyman				
	Special Music				
	Obituary Notices				
	Total (B)			433	00
(C)	ADDITIONAL ITEMS ORDERED LATER				
	Total (C)				
	Total Amount				

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	343.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	418.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	15.00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	15.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

	$433.00
Total (C)	
Total Amount	

763

1

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 21

February 14 1951

Full name of deceased Milo B. Pepple Age 87

Deceased is Father (*Give relationship*) of person arranging services.

(A) Services, including merchandise	$ 418.00
(B) Accommodation Items	$ 15.00
Total (A & B)	$ 433.00
*(C) Additional items ordered later	$
Total Amount	$ 433.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Net 30 days.

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Mrs. Pearl Mueller.
Signature of Purchaser

Cromwell Ind.
Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Feb. 15 1951 Amt. $433 00

Payment Received in Full ______________ 194___ Check Number ______________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/14/51	433 00	200 00	233 00
	233 00	Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 20

Number of Burial Permit

1. FULL NAME Anna Eliza Russell

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. 2 mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell, Ind.

Giffin Nursing Home

(If death occurred in a hospital or institution give its name instead of street & number)

DATE OF DEATH Jan. 26, 1951 Hour 4:00 P.M.

CAUSE OF DEATH Arteriosclerotic heart disease

auricular fibrillation

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. none

4. SEX female

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) widowed

6.(b) Name of husband or wife Gersham Sheldon

6.(c) Age of husband or wife if alive — years

7. DATE OF BIRTH (month, day, & year) June 14 1858

8. AGE Years 92 Months 7 Days 12 If less than 1 day hrs. or min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father 12. Name Hiram Peterson

13. Birthplace Unknown (City, town, or county) (State or foreign country)

Mother 14. Maiden name Mercy Reed

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. INFORMANT Orville Russell

P. O. Address Wolf Lake

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE Jan. 28 1951

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind

PHYSICIAN Dr. W. L. Harlan

Address Ligonier, Ind. Phone No.

SURVIVED BY 1 son

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE January 28, 1951

TIME 2:00 P. M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Wm Gregg

Address Wolf Lake Phone No.

SINGERS

BEARERS Active Clyde Peterson, Roy Peterson,

Walt Peterson, Glen Peterson,

[illegible] Babcock, [illegible]

CEMETERY LOT NO. Owner of Lot

Section 4 Grave No. 4.15

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $
Outside Receptacle
(Kind)
B. Cash Advanced for Accommodation Items
C. Additional items ordered later

Total $
Amount Paid - Cash -
Balance $

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket
*Outer Case-Cost - $ Selling Price
*Embalming - " - $ " "
*Clothing - - " - $ " "
Livery

Total

Total Cash Advances
Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞
Gross Profit on Funeral
**Less Operation Cost per Funeral
Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

Outside Receptacle

Clothing
Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax
Cemetery Charges
Additional Autos
Telegrams
Long Distance Telephone Calls
R. R. Transportation
Flowers
Clergyman
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

763

3

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	595^{00}
Outside Receptacle	75^{00}
Clothing	
Slippers	
. . . .	
Total (A)	670^{00}

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	15^{00}
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 20

January 26 1951

Full name of deceased Anna E. Russell Age 92

Deceased is mother of person arranging services.
(Give relationship)

(A)	Services, including merchandise . . .	$ 670^{00}
(B)	Accommodation Items	$ 15^{00}
	Total (A & B)	$ 685^{00}
*(C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 685^{00}

My, or our, preference for settlement is:

Terms Discount of 17^{85} if pd. on or before Feb. 26, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Emille E. J. Russell
Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ____________

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Jan. 19 1951 Amt. $685.00

Payment Received in Full ____________ 194__ Check Number ____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/5/51	685 00	100 00	585 00
4/19/51	585 00	150 00	435 00
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 19

Number of Burial Permit

1. FULL NAME Andrew Milnar

Residence No. Ligonier R.R. St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Elkhart Township Benton

Address R.R. Ligonier

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH January 16, 1951 Hour

CAUSE OF DEATH Primary Pernicious Anaemia

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no.

3.(c) Social Security No. None

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Anna

6.(c) Age of ~~husband~~ or wife if alive 74 years

7. DATE OF BIRTH (month, day, & year) 8-15-1875

8. AGE Years	Months	Days	If less than 1 day ... hrs. or ... min.
75	5	1	

9. Birthplace (City, town, or county) Austria (~~State or~~ foreign country)

10. Usual occupation Farmer

11. Industry or business

Father

12. Name Unknown

13. Birthplace (City, town, or county) (State or foreign country)

Mother

14. Maiden name Unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Andrew Milnar

P. O. Address 416 Diamond St. K'ville Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE Jan 18, 1951

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. J. B. Schutt

Address Ligonier Ind. Phone No.

SURVIVED BY wife Anna
1 son. Andrew

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS None

FUNERAL DATE Thursday Jan. 18, 1951

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. K. E. Maynard.

Address Cromwell, Ind. Phone No.

SINGERS

BEARERS Active Ervie Scarberry Newton Spence
Lester Carpenter, Mert Atkins.
Joe Bryarden. Emma Johnston

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $466.00
Outside Receptacle ____________ (Kind)
B. Cash Advanced for Accommodation Items 5.00
C. Additional items ordered later ____________

Total $ 471.00
Amount Paid - Cash - ____________
Balance $ ____________

Terms: ____________

Selling Price of This Funeral Service	☞	390.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	72.00	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ ____ " " ____		
*Clothing - - " - $ ____ " " ____	1.00	
Livery	~~10.00~~	
Total	148.00	
Total Cash Advances	5.00	
Discount (if not figured in operation cost)	153.00	
Total Net Cost of Funeral	☞	153.00
Gross Profit on Funeral		537.00
**Less Operation Cost per Funeral		312.00
Net Profit or Loss Apparent		75.00

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards			
Funeral Car			
Casket Coach			
Casket			
Outside Receptacle			
Clothing			
Slippers			
Total (A)			

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)			
Total Amount			

763

✓

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 19

January 16 1951

Full name of deceased Andrew Milnar Age 72

Deceased is Father (Give relationship) of person arranging services.

(A) Services, including merchandise . . .	$ 466.00
(B) Accommodation Items	$ 5.00
Total (A & B)	$ 471.00
*(C) Additional items ordered later . . .	$
Total Amount	$ 471.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

A M Milnar
Signature of Purchaser

416 Diamond St.
Address

Kendallville, Indiana
City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	390.00
Outside Receptacle	75.00
Clothing	1.00
Slippers	
. . . .	
Total (A)	466.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation . . .	
Flowers	
Clergyman	5.00
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	5.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	471.00

TRIPLICATE Form D F 22
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FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Jan 19 1951 Amt. $471.00

Payment Received in Full Feb. 7, 1951 194 Check Number 3697

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/7/51	471.00	471.00	

Pd in full 2/7/51

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 18

Number of Burial Permit

1. FULL NAME Irena Calbeck

Residence No. Noble County (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. 14 ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township K'ville

Address K'ville, Indiana

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH January 1, 1950 Hour 8:15 PM

CAUSE OF DEATH Carcinoma of Head of Pancreas

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war none

3.(c) Social Security No. none

4. SEX female

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Milo

6.(c) Age of husband or wife if alive 77 years

7. DATE OF BIRTH (month, day, & year) July 11, 1875

8. AGE Years 75 Months 5 Days 20 If less than 1 day ...... hrs. or ...... min.

9. Birthplace Noble (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father 12. Name Nary Fry

13. Birthplace (City, town, or county) Va. (State or foreign country)

Mother 14. Maiden name Maria Kerchner

15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. INFORMANT Mr. Milo Calbeck

P. O. Address Ligonier, Ind. R.F.D.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Oak Park

(b) DATE 19

Location Ligonier, Ind. (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. J. R. Nash

Address Albion Phone No.

SURVIVED BY Husband, 2 sons, 1 daughter

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE

TIME 2:00 PM

PLACE Kimmell M.E. Church

CLERGYMAN Rev. Frank Eigelander

Address Kokomo, Ind. Phone No.

SINGERS

BEARERS

Active Fred Geiger, Don Shearer, Ed Shearer, Ed Summers, Charles Wolfe, Herbert Wolfe

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 - 23"	Description Metal	Interior Sunset satin
From M. E. Gurney	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering —	Color Coppertone

SALE AND COST RECORD

A. Services, including casket and merchandise $712.00
Outside Receptacle (Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $712.00
Amount Paid - Cash -
Balance $712.00

Terms:

Selling Price of This Funeral Service	☞	712.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	147.00	
*Outer Case-Cost - $45.00 Selling Price $75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	222.00	
Total Cash Advances		
Discount (if not figured in operation cost) 3%	19.11	
Discount on standard service of $637.00		
Total Net Cost of Funeral	☞	241.11
Gross Profit on Funeral		470.89
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		158.39

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected			
Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards	637	00	
Funeral Car			
Casket Coach			
Casket			
Outside Receptacle	75	00	
Clothing			
Slippers			
Total (A)			712
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			
(C) ADDITIONAL ITEMS ORDERED LATER			
Total (C)			
Total Amount			712

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	637.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	712.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

1

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 18

January 3 1951

Full name of deceased Lena Calbeck Age 75

Deceased is Husband (Give relationship) of person arranging services.

(A)	Services, including merchandise	$712.00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$
	Total Amount	$712.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms discount of $19.11 allowed if paid on or before Feb. 3, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Jan. 5 1951 Amt. $712.00

Payment Received in Full January 9 1951 Check Number ____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1/9/51	712 00	692 89	dis. 19 11

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 17

Number of Burial Permit

1. FULL NAME Charles A. Karchner

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ....yrs........mos........ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township

Address Noble County Home

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Dec. 29, 1950 Hour

CAUSE OF DEATH Acute Myocardial Failure

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no

3.(c) Social Security No. none

4. SEX male

5. COLOR or RACE White

6.(a) Single, Married, Widowed or Divorced (write the word) widowed

6.(b) Name of husband or wife Lillian

6.(c) Age of husband or wife if alive ....years

7. DATE OF BIRTH (month, day, & year) Sept. 9, 1863

8. AGE Years 87 Months 3 Days 20 If less than 1 day ....hrs. or........min.

9. Birthplace (City, town, or county) Pa. (State ~~or foreign country~~)

10. Usual occupation machinist

11. Industry or business

Father 12. Name Samuel F. Karchner

13. Birthplace (City, town, or county) Pa. (State or foreign country)

Mother 14. Maiden name unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Robert Maggart

P. O. Address Afton Iowa

17. PLACE OF BURIAL Cremation or Removal (a) Cemetery Sparta

(b) DATE Jan 1, 1951

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Dr. J. R. Nash.

Address Albion Phone No.

SURVIVED BY 1 Daughter - Mrs Robert Maggart
1 son, 2 grandchildren

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE January 1, 1951

TIME 1:30 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. J. Francis Mussehl

Address Albion, Ind. Phone No.

SINGERS

BEARERS Ed Summers Dean Beltz

Active Neal Hontz Richard De Mott, Cecil Maggart Robert Maggart.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 -23	Description Rose cedar	Interior Eggshell Satin
From M. E. Gunn	Mfrs. No.	Our Number	Finish cloth slate
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 472.00
	Outside Receptacle (Kind)	
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total $	472.00
	Amount Paid - Cash -	472.00
	Balance $	~~472.00~~
	Terms:	

Selling Price of This Funeral Service	☞	472.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	72.00	
*Outer Case-Cost - $45.00 Selling Price $75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	147.00	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	147.00
Gross Profit on Funeral		325.00
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		12.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards	397	00	
	Funeral Car			
	Casket Coach			
	Casket			
	Outside Receptacle	75	00	
	Clothing			
	Slippers			
	Total (A)			472
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			472

TRIPLICATE
Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	397.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	472.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

14

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 17

December 31 1950

Full name of deceased Charles A. Harchner Age 87

Deceased is father (Give relationship) of person arranging services.

(A)	Services, including merchandise	$472.00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$
	Total Amount	$472.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms discount of $11.00 will be allowed if paid on or before January 31, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Mrs. Robert Maggert
Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Jan 2 1951 Amt. $472.00

Payment Received in Full ________________ 194___ Check Number ________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1/2/51	472.00	250.00	222.00
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 16

Number of Burial Permit

1. FULL NAME Herbert Leroy Maggart

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Ligonier R. F. D.

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Dec. 28, 1950 Hour 10:15 AM

CAUSE OF DEATH Coronary Occlusion

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. none

4. SEX Male

5. COLOR or RACE White

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of ~~husband~~ or wife Betty

6.(c) Age of husband or wife if alive 28 years

7. DATE OF BIRTH (month, day, & year) May 26, 1918

8. AGE Years 32 Months 7 Days 2 If less than 1 day hrs. or min.

9. Birthplace Noble (~~City, town, or~~ county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm owner

Father

12. Name Russell Maggart

13. Birthplace Noble (City, town, or county) Indiana (State or ~~foreign country~~)

Mother

14. Maiden name Ruth Stock

15. Birthplace Kosciusko (~~City, town,~~ or county) Indiana (State or foreign country)

16. INFORMANT Betty Maggart

P. O. Address Ligonier, R. F. D.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Oak Park

(b) DATE 12/31 1950

Location Ligonier (Township, Road Dist., Village or City)

County Noble State Indiana

PHYSICIAN Dr. Q. F. Stults

Address Ligonier Ind Phone No.

SURVIVED BY Mother, wife, 2 children, 2 brothers sister

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE December 31, 1950

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Harry Myers

Address Cromwell, Indiana Phone No. 45

SINGERS Richard Griffith

BEARERS

Active Robert Stark, Harmon Harper, Herbert Case, Gaylord Jones, Herman Long, Richard Summervill

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 752

EMBALMER'S LICENSE NO. 4150

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 25"	Description Luster Londontone	Interior Honeysuckle Velvet
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise	$	850 00
Outside Receptacle (Kind)		
B. Cash Advanced for Accommodation Items		
C. Additional items ordered later		
Total	$	850 00
Amount Paid - Cash -		
Balance	$	850 00
Terms:		

Selling Price of This Funeral Service	☞	850 00

REVENUE ITEMS AND THEIR COST

Cost of Casket	216 00	
*Outer Case-Cost - $45 00 Selling Price 75 00	75 00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	291 00	
Total Cash Advances		
Discount (if not figured in operation cost)	30 00	
Total Net Cost of Funeral	☞	321 00
Gross Profit on Funeral		529 00
**Less Operation Cost per Funeral		312 50
Net Profit or Loss Apparent		216 50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected			
Personal and Staff Service			
Preparation and Preservation			
Funeral Facilities and Equipment			
Visitors Register			
Acknowledgment Cards	775	00	
Funeral Car			
Casket Coach			
Casket			
Outside Receptacle	75	00	
Clothing			
Slippers			
Total (A)			850 00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
Tax			
Cemetery Charges			
Additional Autos			
Telegrams			
Long Distance Telephone Calls			
R. R. Transportation			
Flowers			
Clergyman			
Special Music			
Obituary Notices			
Total (B)			
(C) ADDITIONAL ITEMS ORDERED LATER			
Total (C)			
Total Amount			

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	775 00
Outside Receptacle	75 00
Clothing	
Slippers	
Total (A)	850 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

13

FUNERAL PURCHASE RECORD

No. 16

December 28 1950

Full name of deceased Herbert Leroy Maggart Age 32

Deceased is Husband (*Give relationship*) of person arranging services.

(A)	Services, including merchandise	$850 00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$
	Total Amount	$850 00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms A discount of $30 00 will be allowed.

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Jan. 2 1951 Amt. $850.00

Payment Received in Full January 29 1951 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1/29/51	820 00	820 00	

Pd in full
1/29/51
J. L. Moore

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 15

Number of Burial Permit

1. FULL NAME Cora Belle Ray

Residence No. (Usual place of abode) St. Indiana Masonic Home Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 9 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Johnson Township

Address Indiana Masonic Home

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Dec. 10, 1950 Hour 5 PM

CAUSE OF DEATH Carcinoma Stomach

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX female

5. COLOR or RACE White

6.(a) Single, Married, Widowed or Divorced (write the word) single

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) April 6, 1873

8. AGE Years 77 Months 8 Days 4 If less than 1 day hrs. or min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

Father 12. Name Wm. A. Ray

13. Birthplace Ohio (City, town, or county) (State or foreign country)

Mother 14. Maiden name Mary Trice

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Gertrude DeBulse

P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal (b) DATE 12/12 1950

(a) Cemetery Wolf Lake

Location Wolf Lake (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN

Address Phone No.

SURVIVED BY sister Mrs. Gertrude DeBulse
brother Cary T. Ray

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS O. E. S.

FUNERAL DATE Dec. 12, 1950

TIME 1:30 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. K. E. Maynard

Address Cromwell, Ind. Phone No.

SINGERS

BEARERS O. W. Griffith Charles ~~Griffith~~ Caple
Active Lawrence Heintzelman, Neal Hontz
Don. Robbins, Richard Delmotte,

CEMETERY LOT NO. 108 Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise ________ $

Outside Receptacle ________
(Kind)

B. Cash Advanced for Accommodation Items ________

C. Additional items ordered later ________ ________

Total $

Amount Paid - Cash - ________

Balance $

Terms: ________

Selling Price of This Funeral Service	☞	

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost - $ ____ Selling Price		
*Embalming - " - $ ____ " "		
*Clothing - - " - $ ____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected				
Personal and Staff Service	60	—		
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register				
Acknowledgment Cards				
Funeral Car				
Casket Coach				
Casket				
Outside Receptacle	75	—		
Clothing				
Slippers				
Total (A)			135	00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
Tax				
Cemetery Charges				
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers				
Clergyman				
Special Music				
Obituary Notices				
Total (B)				
(C) ADDITIONAL ITEMS ORDERED LATER				
Total (C)				
Total Amount				

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service ~~Preparation and Preservation~~ Funeral Facilities and Equipment Visitors Register Acknowledgment Cards ~~Funeral Car~~ Casket Coach ~~Casket~~	60.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	$135.00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

FEDERATED

12✓

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 15

Dec. 13 194 50

Full name of deceased Cora Belle Ray Age 77

Deceased is Sister (Give relationship) of person arranging services.

(A)	Services, including merchandise	$135.00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$
	Total Amount	$135.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Cash

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Gertrude DeBruler
Signature of Purchaser

Address

Cromwell, Ind.
City *State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Dec. 12 1950 Amt. $135.00

Payment Received in Full Dec. 12 1950 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Dec. 12 '50	135 —	135 —	——

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 14

Number of Burial Permit

1. FULL NAME Fred D. Heupel

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 10 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Perry

Address Enroute to Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Dec. 5, 1950 Hour 12:05 AM.

CAUSE OF DEATH Cerebral hemorrhage

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war ✓

3.(c) Social Security No. 313-20-0140

4. SEX male	5. COLOR or RACE white	6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Mary Pauline

6.(c) Age of husband or wife if alive 59 years

7. DATE OF BIRTH (month, day, & year) Feb. 6, 1899

8. AGE	Years	Months	Days	If less than 1 day
	51	9	29	hrs. or min.

9. Birthplace ~~Eureka~~ Harvey (City, ~~town, or county~~) ~~South~~ North Dakota (State or foreign country)

10. Usual occupation mechanic

11. ~~Industry~~ or business Garage owner

Father
12. Name Adam Heupel
13. Birthplace Odessa (City, ~~town, or county~~) Russia (~~State or~~ foreign country)

Mother
14. Maiden name Caroline Wanner
15. Birthplace (City, town, or county) Russia (~~State or~~ foreign country)

16. INFORMANT Pauline Heupel

P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Troy Presbyterian

(b) DATE 12/7, 1950

Location Laud (~~Township, Road Dist.,~~ Village or ~~City~~)

County Whitley Co. State Ind.

CEMETERY LOT NO. 01 Owner of Lot

Section Grave No.

PHYSICIAN Dr. W. L. Harlan

Address Ligonier, Ind. Phone No.

SURVIVED BY the wife Pauline, 2 sons Don & Kevin, 5 brothers

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS Lions International

FUNERAL DATE

TIME 1:30 P.M.

PLACE Cromwell Methodist Church

CLERGYMAN Rev. E. K. Maynard

Address Cromwell, Ind. Phone No.

SINGERS —

BEARERS

Active O. W. Martin, Glen Witmer, Glen Lagrison, Neal Hoely, Vassa LeCount, John Caple.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date		Size	6/6 23	Description	Metal	Interior	Satin Eggshell
From	M. E. Gurney	Mfrs. No.		Our Number		Finish	Gun metal
Cost before Cash Discount		Trimmed Complete		Covering		Color	Grey

SALE AND COST RECORD

A. Services, including casket and merchandise $ 670.00

Outside Receptacle (Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $ 670.00

Amount Paid - Cash -

Balance $ 670.00

Terms:

Selling Price of This Funeral Service	☞	670.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	133.50	
*Outer Case-Cost - $ 45 Selling Price 25.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	208.50	
Total Cash Advances		
Discount (if not figured in operation cost) 3% on standard service of $595.00	17.80	
Total Net Cost of Funeral	☞	226.35
Gross Profit on Funeral		443.65
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		131.15

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected		
Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register	595.00	
Acknowledgment Cards		
Funeral Car		
Casket Coach		
Casket		
Outside Receptacle	75.00	
Clothing		
Slippers		
Total (A)		670.00
(B) INCIDENTAL ACCOMMODATION ITEMS. To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.		
Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		
(C) ADDITIONAL ITEMS ORDERED LATER		
Total (C)		
Total Amount		

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	595^{00}
Outside Receptacle	75^{00}
Clothing	
Slippers	
Total (A)	$\$670^{00}$

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

11

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 14

Dec. 5 194

Full name of deceased Fred D. Heupel Age 51

Deceased is father (Give relationship) of person arranging services.

(A)	Services, including merchandise	$\$670^{00}$
(B)	Accommodation Items	\$
	Total (A & B)	\$
*(C)	Additional items ordered later	\$
	Total Amount	$\$670^{00}$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms a discount of $\$17^{85}$ will be given if paid on or before Jan. 5, 1951

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Dec. 7 1950 Amt. $670.00

Payment Received in Full Dec. 21 1950 Check Number 2

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/21/50	670 —	652 15	Dis. 17 85

Pd in full 12/21/50

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 13

Number of Burial Permit

1. FULL NAME David C. Hooper

Residence No. (Usual place of abode) St. Ward (if non-resident, give city or town and State)

Length of residence in city or town where death occurred? 77 81 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address R. R. #1

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Dec. 3, 1950 Hour 9:45 P.M.

CAUSE OF DEATH Massive Cerebral Hemorrhage

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no

3.(c) Social Security No. none

4. SEX male

5. COLOR or RACE White

6.(a) Single, Married, Widowed or Divorced (write the word) Married

6.(b) Name of husband or wife Cora

6.(c) Age of ~~husband~~ or wife if alive 73 years

7. DATE OF BIRTH (month, day, & year) Mar 27, 1950

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
81	8	6	

9. Birthplace Kosciusko (City, town, or county) Ind (State or ~~foreign country~~)

10. Usual occupation Farmer

11. Industry or business

Father

12. Name Jacob Hooper

13. Birthplace unknown (City, town, or county) (State or foreign country)

Mother

14. Maiden name Mary Kohen

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. INFORMANT Mrs Cora Hooper

P. O. Address R.R. #1 Cromwell, Indiana

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Indian Village (b) DATE 12/6, 1950

Location Indiana Village (Township, Road Dist., Village or City)

County Noble State Ind

PHYSICIAN ~~Dr. Robert Rauth~~ James Roth

Address Wolf Lake, Ind. Phone No.

SURVIVED BY the widow, H. D. Kohen, Fred Kohen

Mildred Blake Step-children

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS none

FUNERAL DATE December 6, 1950

TIME 2:00 P.M.

PLACE Indian Village U. B. Church

CLERGYMAN Rev. William Woods

Address Syracuse, Ind. Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. N. Moore License No. 1757

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 23"	Description Plain Oak	Interior Satin Run
From M. E. Gurney	Mfrs. No.	Our Number	Finish Rubbed
Cost before Cash Discount	Trimmed Complete	Covering	Color Nut Brown

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ ~~595 00~~
	Outside Receptacle (Kind)	~~75 00~~
		688 50
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total $	688 50
	Amount Paid - Cash -	
	Balance $	688 50

Terms:

Selling Price of This Funeral Service	☞	688 50

REVENUE ITEMS AND THEIR COST

Cost of Casket	142 50	
*Outer Case-Cost - $45 Selling Price 75	75 00	
*Embalming - " - $ " "		
*Clothing - - " - $~~16 50~~ " " 18 50	18 50	
Livery		
Total	236 00	
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected		
Personal and Staff Service		
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards	595 00	
Funeral Car		
Casket Coach		
Casket		
Outside Receptacle	75 00	
Clothing	18 50	
Slippers		
Total (A)		688 50
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.		
Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		
(C) ADDITIONAL ITEMS ORDERED LATER		
Total (C)		
Total Amount		688 50

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	$595.00
Outside Receptacle	75.00
Clothing	18.50
Slippers	
Total (A)	$688.50

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

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763

10

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 13

December 4 1950

Full name of deceased David C. Hooper Age 81

Deceased is Husband (Give relationship) of person arranging services.

(A) Services, including merchandise	$688.50
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later	$
Total Amount	$688.50

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms a discount of $17.85 if paid on or before Jan. 4, 1951

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

[illegible]
Address

Cromwell Ind. R.R. #1
City *State*

Signature of Co-signer with Purchaser

[illegible] Cromwell Indiana
Street Address *City and State*

Signature of Co-signer with Purchaser

Street Address *City and State*

Signature of Co-signer with Purchaser

Street Address *City and State*

Signature of Co-signer with Purchaser

Street Address *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Dec 6 1950 Amt. $688 50

Payment Received in Full ____________________ 194____ Check Number ____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Dec. 9, '50	688 50	600 –	88 50
Jan, 1, 51	88 50	88 50	Pd

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 12

Number of Burial Permit

1. FULL NAME Daniel R. Galloway

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 56 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell, Ind. R. R. #1

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH October 31, 1950 Hour 6 30 P.M.

CAUSE OF DEATH Cerebral Hemorrhage

Arteriosclerosis

PHYSICIAN Dr. R. F. Stultz

Address Ligonier, Ind. Phone No.

SURVIVED BY 2 daughters.

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war No

3.(c) Social Security No. No

4. SEX male

5. COLOR or RACE white

6.(a) ~~Single, Married,~~ Widowed or ~~Divorced~~ (write the word) Widowed

6.(b) Name of husband or wife Anna

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Sept. 17, 1867

8. AGE Years 83 Months 1 Days 14 If less than 1 day hrs. or min.

9. Birthplace Noble (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Father 12. Name James Galloway

13. Birthplace unknown (City, town, or county) (State or foreign country)

Mother 14. Maiden name Rachael Rohrer

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. INFORMANT Eva Carrick

P. O. Address Cromwell, Ind. R.R. #1

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta (b) DATE 11-3 1950

Location Kimmell (~~Township, Road Dist.,~~ Village or ~~City~~)

County Noble State

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Broadway Christian Church

FRATERNAL AFFILIATIONS Mason

FUNERAL DATE November 3, 1950

TIME 2:00 P.M.

PLACE Broadway Christian Church

CLERGYMAN Rev. John Hartman

Address Phone No.

SINGERS

BEARERS

Active Otto Miller, Gary Eden, Everett Baker

Ralph Weade, Al Goff, Elmer Schlabaugh

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 6/6 23	Description Coppertone	Interior Rock Rose Velvet
From M. E. Gurney	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $ 796.00
Outside Receptacle
(Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $ 796.00
Amount Paid - Cash -
Balance $ 796.00

Terms:

Selling Price of This Funeral Service	☞	796.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	188.00	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	263.00	
Total Cash Advances		
Discount (if not figured in operation cost) 2163		
Discount on standard service 3% $721.00	21.63	
Total Net Cost of Funeral	☞	284.63
Gross Profit on Funeral		511.37
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		198.87

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected				
Personal and Staff Service				
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register	721	00		
Acknowledgment Cards				
Funeral Car				
Casket Coach				
Casket				
Outside Receptacle	75	00		
Clothing				
Slippers				
Total (A)			796	00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
Tax				
Cemetery Charges				
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers				
Clergyman				
Special Music				
Obituary Notices				
Total (B)				
(C) ADDITIONAL ITEMS ORDERED LATER				
Total (C)				
Total Amount			796	00

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service	721.00	
Preparation and Preservation		
Funeral Facilities and Equipment		
Visitors Register		
Acknowledgment Cards		
Funeral Car		
Casket Coach		
Casket		
Outside Receptacle	75.00	
Clothing		
Slippers		
Total (A)		796.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)		
Total Amount		

TRIPLICATE Form D F 22
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763

FEDERATED

9

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 12

November 1 1950

Full name of deceased Daniel R. Galloway Age 83

Deceased is father *(Give relationship)* of person arranging services.

(A) Services, including merchandise	$ 796.00
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later	$
Total Amount	$ 796.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $21.63 discount will be given if paid on or before Dec. 1, 1950

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Eva Carrick.
Signature of Co-signer with Purchaser

Signature of Co-signer with Purchaser

Signature of Co-signer with Purchaser

Signature of Co-signer with Purchaser

I, or we, accept and approve the above.

Lucile Slabaugh.
Signature of Purchaser

Address

City *State*

Street Address *City and State*

Street Address *City and State*

Street Address *City and State*

Street Address *City and State*

FOLIO 12

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. November 3 1950 Amt. $796 00

Payment Received in Full November 8 1950 Check Number

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11/8/50	774 37	774 37	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

763

8 11

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

✓ Personal and Staff Service Preparation and Preservation ✓ Funeral Facilities and Equipment ✓ Visitors Register ✓ Acknowledgment Cards ✓ Funeral Car ✓ Casket Coach Casket	75⁰⁰
Outside Receptacle	75⁰⁰
Clothing	
Slippers	
Total (A)	150⁰⁰

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

~~September 30~~ October 5 1950

Full name of deceased Freda A. Taylor Age 49

Deceased is [redacted] (give relationship) of person arranging services.

(A)	Services, including merchandise	$ 150⁰⁰
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$
	Total Amount	$ 150⁰⁰

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Ivan Taylor
Signature of Purchaser

Address

Cromwell *City* Ind. *State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Oct. 6 1950 Amt. $150.00

Payment Received in Full Oct. 9 1950 Check Number cash

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/9/50	150 –	150 –	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 10

Number of Burial Permit

1. FULL NAME Chauncey Earl Hull

Residence No. 3176 (Usual place of abode) St. Lakeview Ward Detroit (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? — yrs. — mos. — ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Branch Township Kinderhook

Address

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Sept. 15, 1950 Hour 1:00 P.M.

CAUSE OF DEATH Coronary Thrombosis

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX	5. COLOR or RACE	6.(a) Single, Married, Widowed or Divorced (write the word)
M.	W.	married

6.(b) Name of husband or wife Cecile Hull

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Jan. 25, 1891

8. AGE	Years	Months	Days	If less than 1 day hrs. or min.
	59	7	20	

9. Birthplace Cromwell (City, town, or county) Ind. (State or foreign country)

10. Usual occupation machinist

11. Industry or business Budd Mfg. Co.

Father

12. Name Smith Thomas Hull

13. Birthplace (City, town, or county) (State or foreign country)

Mother

14. Maiden name Clara Bell Rodabaugh

15. Birthplace (City, town, or county) (State or foreign country)

16. INFORMANT Cecile Hull

P. O. Address Detroit

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Oak Park

(b) DATE Sept 18 1950

Location Ligonier, Ind. (Township, Road Dist., Village or City)

County Noble State Ind.

PHYSICIAN Coronor

Address Phone No.

SURVIVED BY Wife, & son.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Monday - Sept. 18, 1950

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

CLERGYMAN

Address Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 646.00
	Outside Receptacle (Kind)	
B.	Cash Advanced for Accommodation Items	
C.	Additional items ordered later	
	Total $	646.00
	Amount Paid - Cash -	
	Balance $	646.00

Terms: Discount of $16.38 if paid on or before Oct. 16, '50

Selling Price of This Funeral Service	☞	646.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	110.00	
*Outer Case-Cost - $45.00 Selling Price $75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $[illegible] " "	25.00	
Livery		
Total	210.00	
Total Cash Advances		
Discount (if not figured in operation cost) 3% on standard service of 546.00	16.38	
Total Net Cost of Funeral	☞	226.38
Gross Profit on Funeral		419.62
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		107.12

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A)	OUR SERVICE, including merchandise selected			
	Personal and Staff Service			
	Preparation and Preservation			
	Funeral Facilities and Equipment			
	Visitors Register			
	Acknowledgment Cards			
	Funeral Car			
	Casket Coach			
	Casket	546	00	
	Outside Receptacle	75	00	
	Clothing	25	00	
	Slippers			
	Total (A)			646.00
(B)	INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.			
	Tax			
	Cemetery Charges			
	Additional Autos			
	Telegrams			
	Long Distance Telephone Calls			
	R. R. Transportation			
	Flowers			
	Clergyman			
	Special Music			
	Obituary Notices			
	Total (B)			
(C)	ADDITIONAL ITEMS ORDERED LATER			
	Total (C)			
	Total Amount			646.00

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	546⁰⁰
Outside Receptacle	75⁰⁰
Clothing	25⁰⁰
Slippers	
Total (A)	646.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22
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L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

7

FUNERAL PURCHASE RECORD

No. 10

Sept. 16 1950

Full name of deceased Chauncey Earl Hull Age 59

Deceased is Father (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 646⁰⁰
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later	$
	Total Amount	$ 646⁰⁰

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms 2/16 3% will be allowed if paid on or before October 16, 1950

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Howard Hull
Signature of Purchaser

1361 Pennsylvania
Address

Detroit *City* Mich *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. Sept. 19 1950 Amt. $646,00

Payment Received in Full Oct. 13 1950 Check Number 6764

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/13/50	629 62	629 62	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 9

Number of Burial Permit

1. FULL NAME William Ferris Kappele

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 3 yrs. mos. ds. If foreign born, how long in the U. S. A.? before 21

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell, Indiana

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH July 7, 1950 Hour 9:00 AM

CAUSE OF DEATH Coronary Occlusion

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war no

3.(c) Social Security No. 317-10-8238

4. SEX male

5. COLOR or RACE white

6.(a) Single, Married, Widowed or Divorced (write the word) married

6.(b) Name of husband or wife Mary C.

6.(c) Age of ~~husband~~ or wife if alive 68 years

7. DATE OF BIRTH (month, day, & year) July 29 1879

8. AGE	Years	Months	Days	If less than 1 day ... hrs. or ... min.
	70	11	16	

9. Birthplace Hamilton, Ontario (City, town, or county) Canada (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business —

Father

12. Name Edward W. Kappele

13. Birthplace Dunkirk (City, town, or county) N.Y. (State or foreign country)

Mother

14. Maiden name Harriett Presnell

15. Birthplace London (City, town, or county) England (State or foreign country)

16. INFORMANT Mrs. Mary C. Kappele

P. O. Address Cromwell, Indiana

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta

(b) DATE July 10, 1950

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Indiana

CEMETERY LOT NO. Owner of Lot

Section Grave No.

PHYSICIAN Dr. W. L. Harlan

Address Ligonier, Ind. Phone No.

SURVIVED BY William R. Kappele – son

Mrs. W. J. Coxson – daughter

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS None.

FUNERAL DATE Monday, July 10, 1950

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Harry Myers

Address Cromwell, Ind. Phone No.

SINGERS

BEARERS

Active Egbert Wiley, J. C. Brush, John Hite

W. J. Coxson, Charles Sandercock,

Roscoe Shinyes.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois

D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $ 602.00
Outside Receptacle CONCRETE VAULT
(Kind)

B. Cash Advanced for Accommodation Items 65.25

C. Additional items ordered later

Total $ 667.25
Amount Paid - Cash -
Balance $ 667.25

Terms:

Selling Price of This Funeral Service ☞ 667.25

REVENUE ITEMS AND THEIR COST		
Cost of Casket	110.00	
*Outer Case-Cost - $ 45.00 Selling Price $75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery	10.00	
Total	195.00	
Total Cash Advances	65.25	
Discount (if not figured in operation cost)	15.81	
Total Net Cost of Funeral	☞	276.06
Gross Profit on Funeral		391.19
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		78.19

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected				
Personal and Staff Service				
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register				
Acknowledgment Cards				
Funeral Car				
Casket Coach				
Casket	527	00		
Outside Receptacle	75	00		
Clothing				
Slippers				
Total (A)			602	00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
Tax				
Cemetery Charges	50	00		
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers				
Clergyman	10	00		
Special Music				
Obituary Notices				
Shirt	3	75		
tie	1	50		
Total (B)			65	25
(C) ADDITIONAL ITEMS ORDERED LATER				
Total (C)				
Total Amount			667	25

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	527^{00}
Outside Receptacle	75^{00}
Clothing	
Slippers	
. . . .	
Total (A)	602^{00}

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges . . .	$\$50^{00}$
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	$\$10^{00}$
Special Music	
Obituary Notices	
~~Sock~~ shirt	$3.^{75}$
Tie	1.5^{0}
. . . .	
. . . .	
. . . .	
Total (B)	65^{25}

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

6

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 9

July 8 1950

Full name of deceased William F. Kappele Age 70

Deceased is Father (Give relationship) of person arranging services.

(A) Services, including merchandise . . .	$\$602^{00}$
(B) Accommodation Items	$\$65^{25}$
Total (A & B)	$\$667^{25}$
*(C) Additional items ordered later . . .	$
Total Amount	$\$667\frac{25}{xx}$

**It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.*

My, or our, preference for settlement is:

Terms Discount of $15.71 if Paid on or before Aug. 10, 1950
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Mrs W. J. Cofom
Signature of Purchaser
1365 W. Teinken
Address
Rochester Mich.
City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. July 11 1950 Amt. $651.44

Payment Received in Full July 25 1950 Check Number__________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7/25/50	651 44	651 44	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 8

Number of Burial Permit /

1. FULL NAME Charles Royal Feldkeiser

Residence No. Sparta Twp. St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township

Address McCray Memorial Hospital
Kendallville, Ind.
(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH May 20 1950 Hour

CAUSE OF DEATH Cerebral Hemorrhage

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No. 315-09-5159

4. SEX Male

5. COLOR or RACE White

6.(a) Single, Married, Widowed or Divorced (write the word) Married

6.(b) Name of husband or wife Louiza

6.(c) Age of husband or wife if alive 57 years

7. DATE OF BIRTH (month, day, & year) April 15, 1887

8. AGE Years	Months	Days	If less than 1 day hrs. or min.
63	1	15	

9. Birthplace Noble (~~City, town,~~ or county) Indiana (State or ~~foreign country~~)

10. Usual occupation Farmer + Painter

11. Industry or business

Father
12. Name Peter Feldkeiser
13. Birthplace Ind. (City, town, or county) (State or foreign country)

Mother
14. Maiden name Loretta May Jerles
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. INFORMANT Louiza Feldkeiser
P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery Sparta
(b) DATE June 2, 1950
Location Kimmell, Ind. (Township, Road Dist., Village or City)
County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

PHYSICIAN Dr. J. L. Nash

Address Albion, Ind. Phone No.

SURVIVED BY the wife.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Lutheran

FRATERNAL AFFILIATIONS

FUNERAL DATE June 2, 1950

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. J. Francis Mussehl

Address Albion, Ind. Phone No.

SINGERS

BEARERS Fred Nason, Walter Klingaman,
Active Lane Seciest, James Wilson, Wilber McCammon, Roy Eaton

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $ 695.00
Outside Receptacle CONCRETE VAULT
(Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $ 695.00
Amount Paid - Cash -
Balance $

Terms: 695.00

Selling Price of This Funeral Service	☞	695.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	152.00	
*Outer Case-Cost - $45.00 Selling Price $75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	227.00	
Total Cash Advances		
Discount (if not figured in operation cost) 3%		
On standard Service of $620.00	18.30	
Total Net Cost of Funeral	☞	245.30
Gross Profit on Funeral		449.70
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		137.20

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected		
Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	620.00	
Outside Receptacle Concrete Vault	75.00	
Clothing		
Slippers		
Total (A)		695.00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.		
Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		
(C) ADDITIONAL ITEMS ORDERED LATER		
Total (C)		
Total Amount		695.00

(A) **OUR SERVICE**, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket

620 00

Outside Receptacle	75 00
Clothing	
Slippers	
. . . .	
Total (A)	695 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

TRIPLICATE Form D F 22
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763

5

FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 8

May 30 1950

Full name of deceased Charles R. Feldkiser Age 63

Deceased is Husband (*Give relationship*) of person arranging services.

(A) Services, including merchandise . . .	$695 00
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later . . .	$
Total Amount	$695 00

**It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.*

My, or our, preference for settlement is:

Terms Discount of $18 39 if complete payment is made before June 30, 1950

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

Signature of Co-signer with Purchaser — *Street Address* — *City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.______________________194____ Amt. $__________

Payment Received in Full June 16 19~~4~~50 Check Number____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
6/16/50	676 70	~~67~~676 70	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 7

Number of Burial Permit

1. FULL NAME Mary E. Hull

Residence No. Cromwell, St. Ind. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 43 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell, Ind

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH May 19, 1950 Hour 1:08 PM

CAUSE OF DEATH Fracture of Rt. Hip
Senile Osteoporosis

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX female

5. COLOR or RACE white

6.(a) Single, ~~Married~~, ~~Widowed~~ ~~or Divorced~~ (write the word) Single

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) July 15 - 1867

8. AGE Years 82 Months 10 Days 4 If less than 1 day hrs. or min.

9. Birthplace Noble (~~City, town~~, or county) Indiana (State or foreign country)

10. Usual occupation

11. Industry or business

Father
12. Name Harvey Hull
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

Mother
14. Maiden name Sarah Wright
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. INFORMANT Harvey Hull
P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery Indian Village
(b) DATE 5-21, 1950
Location Sparta Twp.
(Township, Road Dist., Village or City)
County Noble State Ind.

PHYSICIAN Dr. W. F. Harlan

Address Ligonier, Ind. Phone No.

SURVIVED BY Harvey Hull (nephew)

WAR RECORD: Enlisted Discharged

Name War

Branch of Service
(Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Unknown

FRATERNAL AFFILIATIONS None

FUNERAL DATE ~~June~~ May 21, 1950

TIME 2:00 P. M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. F. H. Angelander

Address Kimmell, Ind. Phone No.

SINGERS

BEARERS Active Charles Archer, Ben Archer, Milton Swager, Odis Brown, Harvey Honty, Neal Honty

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise	$ 645.00
Outside Receptacle concrete Vault (Kind)	75.00
B. Cash Advanced for Accommodation Items	
C. Additional items ordered later	
Total $	
Amount Paid - Cash -	720.00
Balance $	720.00

Terms: 19.35 disc if Pd before June 19, 1950

Selling Price of This Funeral Service	☞	720.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	185.00	~~185.00~~
*Outer Case-Cost - $ 45.00 Selling Price 75.00	75.00	~~45.00~~
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	260.00	
Total Cash Advances		
Discount (if not figured in operation cost) 3%		
standard service of $645.00	19.35	
Total Net Cost of Funeral	☞	279.35
Gross Profit on Funeral		440.65
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		128.15

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected		
Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	645.00	
Outside Receptacle concrete Vault	75.00	
Clothing		
Slippers		
Total (A)		720.00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.		
Tax		
Cemetery Charges		
Additional Autos		
Telegrams		
Long Distance Telephone Calls		
R. R. Transportation		
Flowers		
Clergyman		
Special Music		
Obituary Notices		
Total (B)		
(C) ADDITIONAL ITEMS ORDERED LATER		
Total (C)		
Total Amount		720.00

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	645 00
Outside Receptacle	75 00
Clothing	
Slippers	
. . . .	
Total (A)	720.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	

763

4

FEDERATED

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 7

May 19 1950

Full name of deceased Mary E. Hull Age 82

Deceased is aunt (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$720 00
(B)	Accommodation Items	$
	Total (A & B)	$
*(C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $720 00

My, or our, preference for settlement is:

Terms $19 35 discount if paid ~~with~~ before June 19, 1950

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.__________________194____ Amt. $700.65

Payment Received in Full June 6 1950 Check Number 1418

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
6/14/50	700 65	700 65	Pd. in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 6

Number of Burial Permit

1. FULL NAME Freda Bell Growcock

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 43 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

DATE OF DEATH March 8-50 Hour 4-20

County Noble Township Sparta

CAUSE OF DEATH Carcinoma of Lungs

Address Kimmell Indiana

(If death occurred in a hospital or institution, give its name instead of street & number)

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war 3.(c) Social Security No.

4. SEX Female	5. COLOR or RACE White	6.(a) Single, Married, Widowed or Divorced (write the word) Married
6.(b) Name of husband or wife Dean		6.(c) Age of husband or wife if alive 36 years

7. DATE OF BIRTH (month, day, & year) Oct. 23-1906

8. AGE Years	Months	Days	If less than 1 day ... hrs. or ... min.
43	4	15	

9. Birthplace Kimmell (City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business for 12 yrs.

Father

12. Name Grover Johnson

13. Birthplace Noble County (City, town, or county) (State or foreign country)

Mother

14. Maiden name Kitty Barcus

15. Birthplace Cromwell (City, town, or county) (State or foreign country)

16. INFORMANT Dean Growcock

P. O. Address Kimmell, Ind.

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Sparta (b) DATE March 11 1950

Location Kimmell Ind. (Township, Road Dist., Village or City)

County Noble State Ind

PHYSICIAN Dr. J. B. Schut

Address Ligonier Phone No.

SURVIVED BY Mother & Father, Two Sons, Husband, Three Sisters, Three Brothers.

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Sparta Congregational Christian

FRATERNAL AFFILIATIONS Rebeccas

FUNERAL DATE Sat. March 11-1950

TIME 2 o'clock

PLACE Sparta Church

CLERGYMAN Rev. Cratch

Address Cromwell Ind. Phone No.

SINGERS

BEARERS

Active Lawrence Beers, Merrill Yoder, Claude Surfus, Arnold Byall, Ralph Birch, George Cockle

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $ 530.00

Outside Receptacle concrete Vault (Kind)

B. Cash Advanced for Accommodation Items 5.00

C. Additional items ordered later

Total $ 535.00

Amount Paid - Cash -

Balance $ 535.00

Terms:

Selling Price of This Funeral Service	☞	535.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	116.00	
*Outer Case-Cost - $ 45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	191.00	
Total Cash Advances	5.00	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	196.00
Gross Profit on Funeral		339.00
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		26.50

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected				
Personal and Staff Service				
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register				
Acknowledgment Cards	455	00		
Funeral Car				
Casket Coach				
Casket				
Outside Receptacle	75	00		
Clothing				
Slippers				
Total (A)			530	00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
Tax				
Cemetery Charges				
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers				
Clergyman	5	00		
Special Music				
Obituary Notices				
Total (B)			5	00
(C) ADDITIONAL ITEMS ORDERED LATER				
Total (C)				
Total Amount			535	00

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	455.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	530.

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	5.00
Special Music	
Obituary Notices	
Total (B)	5.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

3

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 6

March 8 1950

Full name of deceased Frieda Bell Johnson Grawcock Age 43

Deceased is Wife (Give relationship) of person arranging services.

(A)	Services, including merchandise	$ 530.00
(B)	Accommodation Items	$ 5.00
	Total (A & B)	$ 535.00
*(C)	Additional items ordered later	$
	Total Amount	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms $10.00 per month

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By ______________________

I, or we, accept and approve the above.

A. Dean Grawcock
Signature of Purchaser

Kimmell, Ind.
Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________194____ Amt. $535 00

Payment Received in Full________________________________194____ Check Number____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3/18/50	535 00	50 00	485 00
4/15/50	485 00	10 00	475 00
5/9/50	475 00	10 00	465 00
6/8/50	465 00	10 00	455 00
7/7/50	455 00	10 00	445 00
8/11/50	445 00	20 00	425 00
9/4/50	425 00	10 00	415 00
10/10/50	415 00	15 00	400 00
11/7/50	400 00	10 00	390 00
12/12/50	390 00	10 00	380 00
1/9/51	380 00	8 00	372 00
2/13/51	372 00	15 00	357 00
3/13/51	357	10 00	347 00
4/10/51	347 00	10 00	337 00
5/11/51	337 00	20 00	317 00
6/11/51	317 00	17 00	300 00
7/16/51	300 00	15 00	285 00
8/8/51	285 00	15 00	270 00
9/10/51	270 00	15 00	255 00
10/17/51	255 00	15 00	240 00

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11/17/51	240 00	20 00	220 00
12/12/51	220 00	20 00	200 00
1/15/52	200 00	15 00	185 00
2/12/52	185 00	15 00	170 00
3/11/52	170 00	20 00	150 00
4/4/52	150 00	15 00	135 00
5/8/52	135 00	15 00	120 00
6/10/52	120 00	20 00	100 00
7/9/52	100 00	15 00	85 00
8/23/52	85 00	20 00	65 00
9/16/52	65 00	15 00	50 00
10/7/52	50 00	50 00	—
		Pd in full	

RECORD OF FUNERAL

No. 5

Number of Burial Permit

1. FULL NAME Alma Luella Morris

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 15 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Sparta

Address Cromwell, Indiana

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Feb. 23, 1950 Hour 11:27 PM

CAUSE OF DEATH Cerebral Hemmorage

arteriosclerosis

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war 3.(c) Social Security No.

4. SEX female	5. COLOR or RACE White	6.(a) Single, Married, Widowed or Divorced (write the word) Widowed

6.(b) Name of husband or wife John C. Morris

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Jan. 27, 1864

8. AGE Years	Months	Days	If less than 1 day
86	0	26	hrs. or min.

9. Birthplace Noble (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

Father

12. Name Unknown

13. Birthplace (City, town, or county) (State or foreign country)

Mother

14. Maiden name Elizabeth Wasault

15. Birthplace Noble (~~City, town,~~ or county) Indiana (State or foreign country)

16. INFORMANT Mildred Robertson

P. O. Address Cromwell, Ind.

17. PLACE OF BURIAL ~~Cremation or Removal~~

(a) Cemetery Byers

(b) DATE 2-26, 1950

Location ~~Kosciusko County~~ (Township, Road Dist., Village or City)

County Kosciusko State Ind.

PHYSICIAN Dr. Quinton F. Stultz

Address Ligonier Phone No.

SURVIVED BY

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION M. E.

FRATERNAL AFFILIATIONS Pythian Sisters

FUNERAL DATE February 26, 1950

TIME 1:30 P.M.

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Frank Angelander

Address Kimmell Ind. Phone No.

SINGERS

BEARERS Active Linville Calbeck, DeCarol Brown, Donovan Harper, Harold Kitner Jr., Edgar Hursey, Glen Clark

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A.	Services, including casket and merchandise	$ 755 00
	Outside Receptacle Concrete Vault (Kind)	
B.	Cash Advanced for Accommodation Items	67.98
C.	Additional items ordered later	
	Total $	822.98
	Amount Paid - Cash -	
	Balance $	822.98

Terms:

Selling Price of This Funeral Service	☞	822.98
REVENUE ITEMS AND THEIR COST		
Cost of Casket	202.45	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total		
Total Cash Advances	67.98	
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	345.43
Gross Profit on Funeral		477.55
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		165.05

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected				
Personal and Staff Service				
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register	680	..		
Acknowledgment Cards				
Funeral Car				
Casket Coach				
Casket				
Outside Receptacle	75	00		
Clothing				
Slippers				
Total (A)				
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
Tax				
Cemetery Charges	15	00		
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers	20	00		
Clergyman	20	00		
Special Music				
Obituary Notices				
cash advanced for dress	12	98	67	98
Total (B)				
(C) ADDITIONAL ITEMS ORDERED LATER				
Total (C)				
Total Amount			822	98

763

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car
Casket Coach
Casket
$ 680.00

Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	755.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	$15.00
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	$20.00
Clergyman	20.00
Special Music	
Obituary Notices	
ash advanced for dress	12.98
Total (B)	67.98

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 5

February 24 1950

Full name of deceased Alma Luella Morris Age 86

Deceased is aunt (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 755.00
(B) Accommodation Items	$ 67.98
Total (A & B)	$ 822.98
*(C) Additional items ordered later	$
Total Amount	$ 822 98/xx

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms A discount of $20 40/xx if paid on or before March 24, 1950

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By Lloyd H. Moore

I, or we, accept and approve the above.

By Arthur J. Morris
Signature of Purchaser

For Estate
Address

City State

Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State
Signature of Co-signer with Purchaser	Street Address	City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________194____ Amt. $822.98

Payment Received in Full May 3 1950 Check Number____________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5/30/50	822 98	822 98	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 4

Number of Burial Permit

1. FULL NAME Jennie ~~Mabel~~ Maybell Swager

Residence No. CROMWELL, IND. St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? 7 yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County NOBLE Township SPARTA

Address CROMWELL, INDIANA

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH 2-16-50 Hour 6 P.M.

CAUSE OF DEATH Terminal Uremia
Metastatic Carcinoma
Rheumatic Heart Disease

PHYSICIAN Dr. W. L. Harlan

Address Cromwell, Ind. Phone No. 48

SURVIVED BY
Husband - Milton Swager
Son - Floyd Swager
Son - Robert Swager

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war
3.(c) Social Security No.

4. SEX FEMALE	5. COLOR or RACE WHITE	6.(a) Single, Married, Widowed or Divorced (write the word) MARRIED

6.(b) Name of husband or wife MILTON SWAGER
6.(c) Age of husband or wife if alive 70 years

7. DATE OF BIRTH (month, day, & year) Jan. 21-1881

8. AGE Years	Months	Days	If less than 1 day ... hrs. or ... min.
69	0	25	

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father
12. Name William Barker
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

Mother
14. Maiden name Mary Ann Sutton
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. INFORMANT Floyd Swager

P. O. Address

17. PLACE OF BURIAL ~~Cremation or Removal~~
(a) Cemetery OAK PARK
(b) DATE 2-17 1950
Location LIGONIER,
(Township, Road Dist., Village or City)
County NOBLE State IND.

WAR RECORD: Enlisted Discharged
Name War
Branch of Service
(Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Methodist

FRATERNAL AFFILIATIONS American Legion Auxillary #421

FUNERAL DATE Feb. 17, 1950

TIME 2:00 PM

PLACE L. H. Moore Funeral Home

CLERGYMAN Rev. Frank Argelander,

Address Kimmell, Ind. Phone No.

SINGERS

BEARERS
Active ~~Ed Robinson~~, Lloyd Leamon, Elvin Kohn, Elgin [illegible], Mark Galloway Lester Robinson, Richard [illegible]

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $ 595.00
Outside Receptacle concrete Vault (Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $
Amount Paid - Cash - 595.00
Balance $ 595.00

Terms:

Selling Price of This Funeral Service	☞	595.00
REVENUE ITEMS AND THEIR COST		
Cost of Casket	110.00	
*Outer Case-Cost - $45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	185.00	
Total Cash Advances		
Discount (if not figured in operation cost) 3%		
on standard service of $520.00	15.60	
Total Net Cost of Funeral	☞	200.60
Gross Profit on Funeral		394.40
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		81.90

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected				
Personal and Staff Service				
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register	520	00		
Acknowledgment Cards				
Funeral Car				
Casket Coach				
Casket				
Outside Receptacle	75	00		
Clothing				
Slippers				
Total (A)			520	00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
Tax				
Cemetery Charges				
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers				
Clergyman				
Special Music				
Obituary Notices				
Total (B)				
(C) ADDITIONAL ITEMS ORDERED LATER				
Total (C)				
Total Amount			520	00

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	520.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	595.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

1

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 4

February 16 1950

Full name of deceased Jennie Maybell Swager Age 69

Deceased is Mother *(Give relationship)* of person arranging services.

(A) Services, including merchandise	$ 595.00
(B) Accommodation Items	$
Total (A & B)	$ 595.00
*(C) Additional items ordered later	$
Total Amount	$ 595.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

My, or our, preference for settlement is:

Terms Discount of $15.60 if paid on
or before March 16, 1950
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By Lloyd H. Moore

I, or we, accept and approve the above.

William F. Swager
Signature of Purchaser

Air Surgeon Office
Address

Washington *City* D. C. *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.________________194____ Amt. $520.00

Payment Received in Full March 18 ________________1950 Check Number____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3/18/50	579 40	579 40	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 3

Number of Burial Permit 3

1. FULL NAME John Fremont Moore

Residence No. Cromwell St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred?..........yrs..........mos..........ds. If foreign born, how long in the U. S. A.?..........

2. PLACE OF DEATH

County Kos. Township

Address Mc Donald Hospital

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Nov. 23 Hour 9 A.M.

CAUSE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war.......... 3.(c) Social Security No.

4. SEX	5. COLOR or RACE	6.(a) Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

6.(b) Name of husband or wife.......... —

6.(c) Age of husband or wife if alive ....years

7. DATE OF BIRTH (month, day, & year) May 15-1856

8. AGE Years	Months	Days	If less than 1 day .... hrs. or..........min.
93	6	8	

9. Birthplace Kos Co. (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business..........

Father

12. Name William Moore

13. Birthplace Kos. Ohio (City, town, or county) (State or foreign country)

Mother

14. Maiden name Catherine Weaver

15. Birthplace Ohio. (City, town, or county) (State or foreign country)

16. INFORMANT Mrs. Dave [illegible]

P. O. Address Cromwell Ind

17. PLACE OF BURIAL Cremation or Removal

(a) Cemetery Oak Park

(b) DATE Nov. 25, 1949

Location Ligonier Ind. (Township, Road Dist., Village or City)

County Noble State Ind

PHYSICIAN Dr. Staton

Address [illegible] Phone No.

SURVIVED BY Three daughters & one son

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Lutheran

FRATERNAL AFFILIATIONS Modern Woodman

FUNERAL DATE Nov. 25-49

TIME 2-

PLACE Funeral Home

CLERGYMAN Rev Boester

Address Garrett Phone No.

SINGERS

BEARERS

Active

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Mrs L. H. Moore License No. 1753

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $ 690.00
Outside Receptacle concrete Vault (Kind) 52.50 ~~27.50~~
B. Cash Advanced for Accommodation Items
C. Additional items ordered later

Total $ 742.50
Amount Paid - Cash -
Balance $ 742.50

Terms:

Selling Price of This Funeral Service	☞	742.50

REVENUE ITEMS AND THEIR COST

Cost of Casket	152.00	
*Outer Case-Cost - $ 45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ 21.00 " " 27.50	27.50	
Livery		
Total	254.50	
Total Cash Advances	25.00	
Discount (if not figured in operation cost) 3%		
on standard service of $615.00	18.45	297.95
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		444.55
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		132.05

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected				
Personal and Staff Service				
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register				
Acknowledgment Cards				
Funeral Car				
Casket Coach				
Casket	615	00		
Outside Receptacle	75	00		
Clothing	27	50		
Slippers				
Total (A)	717	50	717	50
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
Tax				
Cemetery Charges	25	00		
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers				
Clergyman				
Special Music				
Obituary Notices				
			25	00
Total (B)	25	00		
(C) ADDITIONAL ITEMS ORDERED LATER				
Total (C)				
Total Amount			742	50

e 18.45 dis 724.05 total

763

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 3

November 22 1947

Full name of deceased John Fremont Moore Age 93

Deceased is Father (Give relationship) of person arranging services.

(A)	Services, including merchandise . . .	$ 717 50
(B)	Accommodation Items	$ 25 00
	Total (A & B)	$ 742 50
*(C)	Additional items ordered later . . .	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 742 50

My, or our, preference for settlement is:

Terms Discount 1% 18 45 if paid
on or before Dec. 22, 1947

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By Mrs L. H. Moore

Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*
Signature of Co-signer with Purchaser	*Street Address*	*City and State*

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	615 00/xx
Outside Receptacle	75 00/xx
Clothing	27 50/xx
Slippers	
. . . .	
Total (A)	$717 50

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	25 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (B)	25 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .	
. . . .	
. . . .	
. . . .	
. . . .	
Total (C)	
Total Amount	$742 50

TRIPLICATE Form D F 22
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FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________194____ Amt. $__________

Payment Received in Full December 3__________194 9 Check Number____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Dec. 3-49		724 05	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 2

Number of Burial Permit

1. FULL NAME Carol Rae Wolf

Residence No. (Usual place of abode) St. Ward (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH

County Noble Township Noble

Address Luckey Hospital, Wolf Lake

(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Nov. 5, 1949 Hour

CAUSE OF DEATH Still Born

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war

3.(c) Social Security No.

4. SEX female

5. COLOR or RACE White

6.(a) Single, Married, Widowed or Divorced (write the word) Single

6.(b) Name of husband or wife

6.(c) Age of husband or wife if alive years

7. DATE OF BIRTH (month, day, & year) Nov. 5, 1949

8. AGE Years	Months	Days	If less than 1 day
0	0	0	0 hrs. or 0 min.

9. Birthplace Noble (~~City, town~~, or county) Indiana (State or ~~foreign country~~)

10. Usual occupation —

11. Industry or business —

Father

12. Name Marion Wolf

13. Birthplace Noble (~~City, town, or~~ county) Ind. (State or ~~foreign country~~)

Mother

14. Maiden name Barbara Sue Archer

15. Birthplace Noble (~~City, town, or~~ county) Ind. (State or ~~foreign country~~)

16. INFORMANT Marion Wolf

P. O. Address Cromwell Ind.

17. PLACE OF BURIAL ~~Cremation or Removal~~

(a) Cemetery Sparta

(b) DATE Nov. 5, 1949

Location Kimmell (Township, Road Dist., Village or City)

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

SPECIAL REMARKS

PHYSICIAN Dr. Harold Luckey

Address Wolf Lake Phone No.

SURVIVED BY Both Parents

WAR RECORD: Enlisted Discharged

Name War

Branch of Service (Army, Navy or Marine) (Regiment, Company or Command)

RELIGION Protestant

FRATERNAL AFFILIATIONS

FUNERAL DATE Nov. 5, 1949

TIME —

PLACE —

CLERGYMAN —

Address — Phone No. —

SINGERS —

BEARERS —

Active —

FUNERAL DIRECTED BY Mrs. L. H. Moore License No. 173

EMBALMER'S LICENSE NO.

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size 24"	Description	Interior Satin Twill
From M. E. Turner Co	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering Lambskin	Color white

SALE AND COST RECORD

A. Services, including casket and merchandise 35.00 $

Outside Receptacle

(Kind)

B. Cash Advanced for Accommodation Items

C. Additional items ordered later

Total $

Amount Paid - Cash - 35.00

Balance $

Terms:

Selling Price of This Funeral Service ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket

*Outer Case-Cost - $ Selling Price

*Embalming - " - $ " "

*Clothing - - " - $ " "

Livery

Total

Total Cash Advances

Discount (if not figured in operation cost)

Total Net Cost of Funeral ☞

Gross Profit on Funeral

**Less Operation Cost per Funeral

Net Profit or Loss Apparent

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service

Preparation and Preservation

Funeral Facilities and Equipment

Visitors Register

Acknowledgment Cards

Funeral Car

Casket Coach

Casket

Outside Receptacle

Clothing

Slippers

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax

Cemetery Charges

Additional Autos

Telegrams

Long Distance Telephone Calls

R. R. Transportation

Flowers

Clergyman

Special Music

Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	35.00/xx
Outside Receptacle	
Clothing	
Slippers	
Total (A)	35.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	~~35~~00

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

TRIPLICATE Form D-F 22
Copyrighted F. F. D. of A.

763

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 2

Nov. 5 1947

Full name of deceased Carol Rae Wolf Age Inf.

Deceased is Daughter (Give relationship) of person arranging services.

(A) Services, including merchandise	$ 35.00/xx
(B) Accommodation Items	$
Total (A & B)	$
*(C) Additional items ordered later	$
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein. Total Amount	$ 35.00/xx

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By

I, or we, accept and approve the above.

[illegible] M Wolf
Signature of Purchaser

Address

City *State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

Signature of Co-signer with Purchaser *Street Address* *City and State*

FOLIO

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. ______ 194__ Amt. $35 00

Payment Received in Full Nov. 5 194 9 Check Number ______

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11/5/49	35 00	35 00	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 1

Number of Burial Permit

1. FULL NAME Gladys Burl Rodgers

Residence No. Kimmell St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred? ..... yrs. ..... mos. ..... ds. If foreign born, how long in the U. S. A.?

2. PLACE OF DEATH
County Noble Township Sparta
Address Kimmell Ind
(If death occurred in a hospital or institution, give its name instead of street & number)

DATE OF DEATH Oct. 15, 49 Hour 9:30

CAUSE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3.(b) If veteran, name war
3.(c) Social Security No.

4. SEX	5. COLOR or RACE	6.(a) Single, Married, Widowed or Divorced (write the word)
F.	White	Married

6.(b) Name of husband or wife	6.(c) Age of husband or wife if alive
Harry	66 years

7. DATE OF BIRTH (month, day, & year)

8. AGE Years	Months	Days	If less than 1 day ..... hrs. or ..... min.
65	Sept.	3	

9. Birthplace Cromwell Ind
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

Father
12. Name Charles Robbins
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

Mother
14. Maiden name Alice
15. Birthplace
(City, town, or county) (State or foreign country)

16. INFORMANT Harry Rodgers
P. O. Address

17. PLACE OF BURIAL Cremation or Removal
(a) Cemetery Sparta
(b) DATE Tues Oct 18, 1949
Location Kimmell, Indiana
(Township, Road Dist., Village or City)
County Noble State Ind

CEMETERY LOT NO. Owner of Lot
Section Grave No.

SPECIAL REMARKS

PHYSICIAN
Address Phone No.

SURVIVED BY

WAR RECORD: Enlisted Discharged
Name War
Branch of Service
(Army, Navy or Marine) (Regiment, Company or Command)

RELIGION

FRATERNAL AFFILIATIONS

FUNERAL DATE Oct. 18 - Tues. 2 P.M.
TIME 2 o'clock
PLACE Med. Church
CLERGYMAN Truesdale
Address Phone No.
SINGERS

BEARERS
Active

FUNERAL DIRECTED BY Mrs. L. H. Moore License No. 1753
EMBALMER'S LICENSE NO.

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

49
6/14

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

SALE AND COST RECORD

A. Services, including casket and merchandise $	370.00
Outside Receptacle concrete vault (Kind)	
B. Cash Advanced for Accommodation Items	10.00
C. Additional items ordered later	
Total $	380.00
Amount Paid - Cash -	
Balance $	380.00

Terms:

Selling Price of This Funeral Service	☞	380.00

REVENUE ITEMS AND THEIR COST

Cost of Casket	63.00	
*Outer Case-Cost - $ 45.00 Selling Price 75.00	75.00	
*Embalming - " - $ " "		
*Clothing - - " - $ " "		
Livery		
Total	138.00	
Total Cash Advances	10.00	
Discount (if not figured in operation cost) 3%		
on standard service of $295.00	8.85	
Total Net Cost of Funeral	☞	156.85
Gross Profit on Funeral		223.15
**Less Operation Cost per Funeral		312.50
Net Profit or Loss Apparent		(89.35)

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining your operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

** Be sure that all items not covered by direct charges are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected				
Personal and Staff Service				
Preparation and Preservation				
Funeral Facilities and Equipment				
Visitors Register	295	00		
Acknowledgment Cards				
Funeral Car				
Casket Coach				
Casket				
Outside Receptacle	75	00		
Clothing				
Slippers				
Total (A)			370	00
(B) INCIDENTAL ACCOMMODATION ITEMS To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.				
Tax				
Cemetery Charges				
Additional Autos				
Telegrams				
Long Distance Telephone Calls				
R. R. Transportation				
Flowers	10	00		
Clergyman				
Special Music				
Obituary Notices				
			10	00
Total (B)				
(C) ADDITIONAL ITEMS ORDERED LATER				
Total (C)				
Total Amount			380	00

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car Casket Coach Casket	$2.95.00
Outside Receptacle	75.00
Clothing	
Slippers	
Total (A)	370.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	10.00
Clergyman	
Special Music	
Obituary Notices	
Total (B)	10.00

(C) ADDITIONAL ITEMS ORDERED LATER

	$380.00
Total (C)	
Total Amount	

763

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 1

[illegible] 15 1949

Full name of deceased [illegible] Age 65

Deceased is Wife (Give relationship) of person arranging services.

(A) Services, including merchandise . . . $ 370.00

(B) Accommodation Items . . . . $ 10.00

Total (A & B) $ 380.00

*(C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 380.00

My, or our, preference for settlement is:

Terms A discount of $8.85
will be given if paid on or before Nov. 15-49
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By

I, or we, accept and approve the above.

C. K. Rodgers
Signature of Purchaser

[illegible] Vermont Place
Address

Columbus Ohio
City State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

Signature of Co-signer with Purchaser — Street Address — City and State

FOLIO ....

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A.____________________194____ Amt. $__________

Payment Received in Full________________________________194____ Check Number____________________

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

HOW TO OPERATE THE ACCOUNT BINDER

This binder is to serve as a permanent record for your funeral accounts. The Record of Funeral and the triplicate, your copy, of the Funeral Purchase Record are punched to fit this account binder and should be filed immediately after the funeral arrangements have been made and the sale completed.

Leave the index in the back of the book just where it now is and start filing the Record of Funeral and Funeral Purchase Record on each burial right on top of this sheet. Simply slip off the cover and slip in the two sheets. Our suggestion is that you slip in the Record of Funeral first and the Funeral Purchase Record right on top of it. This will always give you the account number on top and the sheet following is the Record of Funeral for the same burial. The first account in the book will be Account No. 1 and the next Account No. 2, and so forth. Each Funeral Purchase Record, when you file it, is given the next higher number than the one already in the book.

Enter the name of the deceased on the proper index sheet. If the name starts with A, write it on index sheet A, always writing the family name first. Place the number that you gave the account on the Funeral Purchase Record in the small column headed "Account Number". If the last funeral that you filed in the binder was No. 24, then the one you are now filing is No. 25. If the name starts with R. enter it on index sheet R and enter the same number that you put on the Funeral Purchase Record.

If you want to find an account, the name of which starts with F, turn to index sheet F and find the number of the account. Suppose it is 35—you can find it in a minute. The additional sectional posts furnished with this binder enable you to build it up gradually until it contains about 250 funerals. A new binder will be furnished when this one is full.

The Monthly Balance Sheet which comes to you each month from our accounting department contains most valuable information and should be filed in this same binder. We suggest that these Monthly balance Sheets, since there will be only twelve of them during any one year, be constantly kept on top in this binder. When you slip off the cover to file a new funeral account, also slip off the Monthly Balance Sheets. File your funeral account and then replace the Balance Sheets and the cover. This will keep a condensed record of your business before you at all times. When you have filed your last Funeral Purchase Record in December, leave the Monthly Balance Sheets covering the past year to divide your annual business, and file your first Funeral Purchase Record in January right on top of the Balance Sheets of the last year.

This is an exceedingly simple yet perfect filing system, that entails very little time and effort, a filing system that makes a complete, permanent, easily-accessible, neat-looking record.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Archer,	Aron Brooks	61			
Albert,	George M.	132			
Archer,	Ben F.	133			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

B

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Bowling,	Carl Norman	26			
Bowling,	James H.	49			
Biddle,	Ollie E.	65			
Burson,	Harry A.	92			
Brown,	Alonzo A.	108			

G-51841 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME GIVEN NAME	ACCOUNT NUMBER

C

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Calbeck	Irena	18			
Carter	William H	56			
Crow	William H	60			
Clingerman	John a	68			
Clark	Charles O.	77			
connor	oscar L.	99			
Caskey	Chas. W. (Bill)	122			

G-31641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Dull,	Clarabelle Mae	86			
Deardoff,	John C.	111			
Dull,	Vera Ellen	113			

G-51641 ROGERS LOOSE LEAF CO. CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

E

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Earnhart,	Willis A	102			
Earnhart,	Infant (Girl)	170			
Elder,	Mary M. (Maggie)	174			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Feldheiser	Charles R.	8			
Fausnaugh	Edith	48			
Fisher	Pamela Kay	76			
Frick	Martha Crow	127			

G-51541 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

G

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Gowcock,	Freeda B.	6			
Galloway,	Daniel R.	12			
Galloway,	Grace M.	42			
Galloway,	Floyd M.	25			
Gantz,	Nellie	52			
Galloway,	Harry L.	57			
Grimes,	Richard M.	71			
Galloway,	Angeline	79			
Galloway,	Bessie	93			
Galloway,	Samuel H.	100			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Hull	Mary E. (Molly)	7			
Hull	Chauncey E.	10			
Hooper	David C.	13			
Hempel	Fred D.	14			
Harting	John F.	33			
Hewitt	Dorothy G.	36			
Hewitt	Vicky Ann	58			
Hussey	Ida Jane	59			
Halsey	James Curtis	62			
Harlan	Don W.	66			
Hutchison,	Effie E.	69			
Hull,	Addie	73			
Hussey,	Lemuel A	75			
Halsey,	Warren P.	80			
Hyndman,	William M. Jr.	94			
Heintzleman,	Douglas R.	104			
Hontz,	Harvey H.	107			
Hyndman,	Warren W.	109			
Hutchison,	Walter D.	112			
Hodge	Arby W.	118			
Hunt,	Charles Clay	130			
Hart,	Olive	134			

H

G-51641 ROGERS LOOSE LEAF CO. CHICAGO ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Iden, arthur		27			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Johnson,	Etta Maude	37			
Johnson,	Ellen Maria	42			
Jones,	Tony Clyde	67			
Johnson,	Cecil W.	97			
Johnston,	Grover	121			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

J

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Kappele,	William F.	9			
Karikner,	Charles A.	17			
Klingaman,	Isaiah (Ike)	24			
Kohrer,	Elva May	31			
Kolling,	Violet Anna Katherine	40			
King,	Jessie Stump	~~44~~ 45			
Knox,	Wayne C.	87			
Klingaman,	Lovina Jane	106			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

K

K

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Leamon,	George Franklin	28			
~~Lung,~~	~~John Robert~~	~~43~~			
Leamon,	Wesby D.	~~42~~44			
Loveless,	Richard Allen	63			
Lung,	Emma J.	70			
Linn,	Taylor Shannon	85			
Lung,	Harland L.	98			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

L

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

Form OA-C721
10–46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Wilbur Ray McCammon
(Name of deceased wage earner)

315-09-9660
(Account number).

ENCLOSURE:

(You may detach here and save top portion for your files)

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
McClure	Emma	43			
McCammon	Wilbur R.	51			
McCammon,	Ollie M.	88			
McMann,	Helen	101			
McFarren,	Stephanie	103			
McMann,	Emma	126			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

Mc

Mc

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Wylie Amhurst Miller
(Name of deceased wage earner)

317-03-4017
(Account number).

ENCLOSURE:

(You may detach here and save top portion for your files)

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Moore,	John Fremont	3
Morris,	Alma Luella	5
Maggart,	Herbert Leroy	16
Milnar,	Andrew	19
Milnar,	Anna E	30
Miller,	John C.	38
Miller,	Wylie A.	53
Maggart,	Cora B.	55
Miller,	George W.	72
Morman,	Leah Belle	84
Murphy,	Grover C	90
Maggart,	Lucius A.	91
Myers,	Clark A.	105
~~Mary~~ Miller,	Mary Izora	123
Morman,	F. George	125
Murphy,	Jerry Dean	131
~~Michael,~~	~~Infant~~	~~136~~
~~Miller,~~	~~Ethel G.~~	~~137~~

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

M

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

N

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Pepple,	Milo B	21			
Priest,	Harvey B.	29			
Peterson,	Oscar H.	39			
Prentice,	Raymond A.	46			
Phares,	Fannie M	64			
Phebus,	Ida May	89			
Piper,	Ray	95			
Prentice,	Ethel L	96			

G-51641 ROGERS LOOSE LEAF CO. CHICAGO, ILL.

P

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

G-51E41 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

Q

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Rodgers,	Gladys Burl	1			
Ray	Cora Belle	15			
Russell	Anna E	20			
Randall	Lawrence A.	47 ~~46~~			
Robertson,	Mildred	81			
Roush,	Anna E.	117			
Rodgers,	Francis E.	120			
Ruby,	William J.	129			

G-51641 ROGERS LOOSE LEAF CO. CHICAGO ILL.

R

1

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Swager,	Jennie Maybell	4			
Shearer,	Edward Charles (Eddie) 2nd	32			
Smith,	Henry M	54			
Snyder,	Mary Alice	78			
~~Bob~~					
Spacht,	Bessie L.	83			
Shock,	Steve Frederick	115			
Shisler,	Annie M.	116			
Schroyer,	Pearl M.	128			
~~Swartz,~~	~~James Edward~~	~~135~~			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
			[illegible]	[illegible]	
			[illegible]	[illegible]	
			[illegible]	[illegible]	

S

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Taylor	Freda A.	11			
Tressler	Florence	34			
Tucker	S. Brent	50			
Tucker	Mae S.	119			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

T

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

G-5-641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

U

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Van Aman,	Francis S.	124			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

V

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

V

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Wolf, Carol Rae		2			
Williams, Sarah E.		23			
Williamson, Sadie		40 ~~39~~			
Wells, John C, (Chris)		74			
Werker, Harvey R.		82			

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

Y

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

G-51641 ROGERS LOOSE LEAF CO., CHICAGO, ILL.

Z

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER

1950 - 14

595.
755.
530.
720.
695.
602.
646.
150.
796.
688.50
670.
135.
850.
472.
8304.50

1951 - 18

712.
466.
670.
418.
165.
426.
568.
712.
754.
670.
445.
605.
418.
843.
481.
405.
545.
75.
~~[illegible]~~
9378

1952 - 16

670.
620.
622
660.75
520.
568.
602.
568.
100
761.
845.
935.
610.
636.
636.
610.
200
418
10581.75

1953 - 17

796.
418
100.
635.
60.
610.
850.
472
437.75
240.
641.75
712.
670.
150.
581.75
610.
610.
8594.25

1954 - 20

472.
850.
712.
860.
610.
60.
568.
636.
835.
670.
472.
150.
75.
150
670
472.
520.
605.
150.
670.
10207.

1955 - 25

418.
275.
520.
472.
850.
520.
687.
150.
150
845.
490.
472.
60.
60.
150.
636.
698
610
472.
60
692
681
[illegible]
800
[illegible]

11342.

1956 -

850.
762.
935.
667.
472.
612.
764.
865.
487.
717.
480.
75.
591.
175.
343.
65.
831.

5646

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA

1956

850.
762.
975.
693.50
492.
632.
769.
885.
487.
768.95
509.
75.
726.
175.
343.
95.
10 7
9237.45

1955

95.
835.
520.
707.
692.
65.
545.
630.
692.
656.
170.
65.
65.
442.
510.
865.
150.
150.
687.
520.
880.
492.
540.
345.
418.
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